

Title

Population Ageing and its Implications for Older Persons

“An analysis of the perspectives of Government and Non Government officials within the Department of Social Development sector.”

By

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Declaration

I declare that Population Ageing and its Implications for Older Persons, “An analysis of the perspectives of Government and Non Government officials within the Department of Social Development sector” is my own work and that all sources that I have used or quoted have been indicated and acknowledged by means of complete references.

Signature

Ms Anita Samaad

Date

Dedication

To my dearly departed grandmother who believed in me more than I could in myself. To my husband, brother and children for their continuous support, encouragement, patience and understanding throughout the period of completing this research. Finally and most importantly to my mother for providing me with an abundant amount of opportunities throughout my life.

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To my colleagues for their continued support and encouragement throughout the study.

Summary

The concept of population ageing is a development issue that has received much attention due to the demographic transition that is occurring globally, marked by declining levels of fertility and mortality. Therefore, the implications of population ageing for older persons within the context of Social Development was examined from the perspective of government and non government officials. The study was confined to older persons and the policies and programmes implemented by the Department of Social Development. The study employed an exploratory research design within a qualitative paradigm. Semi-structured interviews and a questionnaire were distributed to officials in the nine provinces. Thirty six questionnaires were received and qualitative methods of data analysis were used to analyse and interpret the data.

The main finding of the study is that there is congruence in what government officials and the non government officials view as implications for older persons. Central to this is that the issue of ageing does not receive attention on the agenda of government. The top five priorities for older persons are healthy ageing, economic security, community/home based care services for older persons, having care and support systems for older persons and an improved quality of life/poverty alleviation. Based on the demographic determinants of population ageing, the findings are that there will be an increased demand for services for older persons which might place a strain on the social assistance and health care programmes. The issue of ageing was viewed positively as an opportunity by government officials and pessimistically as a challenge by NGO's. The most common problems in old age is a reliance on the younger generation and or the state for their care and support, abuse, high levels of illiteracy and the burden of care for their children and grandchildren

The future older person is likely to be in better health and better educated than the older person of today if the necessary public investments are made now in these areas. The study makes recommendations for the adoption of a South African plan of action on ageing, inter-sectoral budgeting, development of specialised programmes, review of current policies and legislation for older persons, strengthening the partnership with the NGO sector and facilitating ageing mainstreaming within government programmes.

Key words: population ageing, older persons, social development, population indicators, NGO officials, government officials, population projections, social profile, vulnerable groups, government policies and programmes

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List of Abbreviations

ABET	-	Adult Basic Education and Training
AU	-	African Union
DS	-	Development Studies
DSD	-	Department of Social Development
DFID	-	Department for International Development
HAI	-	Help Age International
HEAL	-	Halt Elder Abuse Line
HIV and AIDS	-	Human Immune Virus and Acquired Immune Deficiency Syndrome
IIASA	-	International Institute for applied systems analysis
IMF	-	International Monetary fund
IYOB	-	International Year of Older Persons
MDG's	-	Millennium Development Goals
MIPAA	-	Madrid International Plan of Action on Ageing
NGO	-	Non-Governmental Organisation
NPO	-	Non-Profit Organisation
OAU	-	Organisation for African Unity
PSR	-	Potential Support Ratio
PRB	-	Population Reference Bureau
SA	-	South Africa
SASSA	-	South African Social Security Agency

SAOPF	-	South African Older Persons Forum
STATSSA	-	Statistics South Africa
UN	-	United Nations
USCB	-	United States Census Bureau
WHO	-	World Health Organisation

List of Definitions

The following definitions are informed by the United Nations (UN 2002b:43). These are key demographic terms and are almost universal in their definition because the calculations are defined in almost the same way by other institutions namely, Institute for Applied Systems Analysis (2007).

The ageing index is an indicator that is calculated by taking the number of persons 60 years old over per hundred persons under age 15.

Total Dependency Ratio is used to determine the proportion of persons younger than 15 years and older than 65 years per one hundred persons aged 15 to 64 years.

The old age dependency ratio is the proportion of persons who are over the age of 65 years per one hundred persons 15 to 64 years.

Growth Rate refers to the difference in the number of persons in the population between two time periods.

Illiteracy Rate refers the inability of persons in a particular group who “cannot read with understanding and cannot write a short simple statement on their everyday life.”

Labour force participation rate consists of the “economically active population in a particular age group as a percentage of the total population of that same age group.”

Life Expectancy at a specific age is the “average number of additional years a person of that age could expect to live if current mortality levels observed for ages above that age were to continue for the rest of that person’s life. In particular, life expectancy at birth is the average number of years a new-born would live if current age-specific mortality rates were to continue.”

Median Age of a population is the age that divides the population into two groups of the same size, such that half of the total population is younger than this age and the other half older.

Chapter One: Introduction

1.1 Introduction

This chapter seeks to introduce the reader to the qualitative research on the implications of population ageing for older persons within the context of the programmes and services rendered by the Department of Social Development (DSD). The discourse on development is at the forefront of national and international agendas and is a fundamental component for ensuring the improved quality of life for all. There are many pillars of development amongst others, social, economic, political and human development, all these, supporting and reinforcing each other where no one form of development can take place in the absence of the other. This research focuses primarily on the social development pillar.

The research is on an exploration of the linkage between population ageing, social development and development planning and strategies with a particular interest on older persons which is considered a marginalized and vulnerable group in the social development space. Population ageing is reaching extraordinary numbers in both developed and developing countries and it is projected by the United Nations that by 2050, there will be just over 2 billion older persons in the developing world (United Nations 2011). In light of this, planning, and the development of strategies to mitigate the impact must begin immediately to circumvent a disaster.

In this research, chapter one is divided into seven sections. Section 1.2 deals largely with the motivation for the study, and the identification of the topic with a brief literature review, section 1.3 provides a perspective on the link of the research to development studies, section 1.4 examines the problem statement, section 1.5 identifies the importance of the field, section 1.6 reviews the research design and methodology, section 1.7 provides an outline of the thesis while the final section, section 1.8, concludes with remarks.

The content of this chapter has been largely informed by the work of the Department of Social Development and international developments in the field of older persons. Furthermore, the research design and methodology sections are predominantly influenced by the writings of Terre Blanche and Durrheim (1999), Creswell (1994), Leedy (2001) as well as, Denzin and Lincoln (2005).

1.2 Developing the idea and motivation for the study

South Africa as a country considered social development as an important aspect and therefore assigned this responsibility to the Department of Social Development. Thus far, the Department has managed to implement the programmes of national government together with the nine provincial departments. DSD was tasked with the mission to “provide comprehensive, integrated, sustainable and high quality social development services to help reduce vulnerability and poverty, and to create an enabling environment for sustainable development in partnerships with those committed to building a caring society” (DSD 2012: 8).

As stated in the Strategic plan document of the Department of Social Development (2012: 13-14), the Minister of Social Development had identified the following priorities or outcomes for the DSD over the next three years which includes the period 2012-2015. These are listed as follows:

- Early Childhood Development
- Anti-Substance Abuse
- Child and Youth Care services (Isibindi)
- Food for All

In reviewing this list of priorities, the issue of older persons is not explicitly listed as a priority.

The client categories that are identified to benefit from this agenda include the poorest of the poor, the vulnerable and the marginalized. DSD defines the poorest of the poor as those individuals or communities who lack assets, income, and food, have limited access to basic services, lack access to skills and education and are generally considered indigent.

The vulnerable is defined as a client group who have limited or no social protection and who are therefore exposed to social ills. Key characteristics describing the client group include the various forms of poverty cited for the poorest of the poor, lack of visible social support, homelessness, people living in conflict or violent settings and disorganised or dysfunctional families. Generally, this client group lacks adequate safety nets.

The key characteristics of the marginalised include membership of a stigmatised or alienated group e.g. people with disabilities, people living with HIV and AIDS, widows, older persons,

persons living in remote rural areas where there is limited or no access to development-related opportunities, limited access to services and resources, limited knowledge base in respect of human rights as well as participation in a formal/informal socialising group that often plays a limited advocacy and development role, often based on culture and religion.

In addition, the complexities and scope of phenomenon in the area of social development, which is the cornerstone for any development programme, is a fascinating one which has been amplified by the researcher's personal training in social work and sociology. Practicing as a social worker provided me with the opportunity to practice the three methods of social work namely, casework, group work and community work. Although casework and group work are excellent interventions, for me, it was in the field of community work where one enters a community, engages with its members, defines problems, develops the solutions together and implements them in a way that improves the quality of their lives, that was utterly satisfying and rewarding. I worked as a social worker for a combined period of seven years in two non-governmental organizations (NGO's), one in the field of persons with disabilities called the South African National Epilepsy League and the other one, in the field of older persons, known as the Pietermaritzburg Association for the Aged. However, I left in the year 2002 to work at the National Department of Social Development, a government department which operates differently to the NGO sector. Fortunately, the issues of vulnerable groups which have always been close to my heart and which I am passionate about are still a very big part of my world.

As previously stated, the National Department of Social Development is primarily concerned with the development of policies and programmes to address the needs of the poorest of the poor, the most vulnerable and marginalized members of society. It was therefore a difficult task to choose a topic within this field. But, my past bias of having worked in the field of older persons lured me to wanting to pursue research within this client grouping as opposed to others. However, the issues within the field of older persons are equally varied. Some interesting subjects within this area include the following:

- Older persons and poverty;
- Gender dimensions within ageing;
- Abuse of older persons;
- Older persons within rural communities: strategies for development;

- Social protection for older persons;
- Vulnerability in old age;
- Health and well being of the older population;
- Contributions of older persons to society;
- Intergenerational relationships between the young and old; and
- South Africa: Progress toward the Madrid plan of action.

Within the field of older persons, there have been many developments in the past years with more awareness being created internationally about the changes within population demographics in developed and developing worlds. To this end, South Africa has been involved in many international forums formed to defend and protect the interests of older persons. Therefore, as a result, the country was obliged to implement the agreements by developing policies and programmes for its older population.

The UN General Assembly in 1990, designated 1 October as the “International Day of Older Persons. In 1991, the Assembly adopted the “United Nations Principles for Older Persons” (resolution 46/91) requesting governments to include them into national programmes whenever possible. The principles called for action in many areas among them Independence, Participation, Care, Self –fulfilment and Dignity.

The World Summit for Social Development in March 1995 adopted the Copenhagen Programme for Action (UN 1995), which requested governments to make “particular efforts” to protect older persons especially by creating a financial environment that encourages people to save for their old age, strengthen measures and mechanisms to ensure that retired persons do not fall into poverty, taking into account their contribution to the development of their countries and finally, encouraging and supporting cross generational participation in policy and programme development as well as in decision making bodies at all levels.

At the 2nd World Assembly on Ageing, held in Madrid in April 2002, 159 participating governments (South Africa was one of them) signed a Plan of Action on Ageing (Madrid International Plan of Action on Ageing) and issued a political declaration (UN 2002a: 2-5). According to the plan, the political declaration committed governments to extending the ‘right to

development' for older people, halving old age poverty by 2015, ending age based discrimination and including older people in national and international frameworks such as the Millennium Development Goals and poverty reduction strategy processes designed to combat poverty.

The Madrid Plan of Action on Ageing, focused on three priorities, namely; older persons and development; advancing health and well being into old age; and ensuring enabling and supportive environments. The Department of Social Development used this plan of action as a base document and subsequently developed its policy and legislation for older persons. According to an interview with Ms D.T Mahlangu (2010), the South African Policy for Older Persons was approved in 2006 and the Older Persons Act, No.13 of 2006 was promulgated on the 2 November 2006 with implementation of the Act being effective on the 01 April 2010.

The goal of the South African Policy (DSD 2006: 3) for Older Persons is to:

- 1.1 Enable older persons to enjoy active, healthy and independent lives;
- 1.2 Create an enabling and supportive environment for older persons; and
- 1.3 Provide continuous care to those older persons in need by focusing on the following issues:
 - (a) Older persons and development;
 - (b) Advancing health and wellbeing into old age; and
 - (c) Ensuring enabling and supportive environments.

The objectives of the Older Persons Act (South Africa 2006) are to:

- (a) Maintain and promote the status, well-being, safety and security of older persons;
- (b) Maintain and protect the rights of older persons;
- (c) Shift emphasis from institutional care to community based care in order to ensure that older persons remain in the community for as long as possible;
- (d) Regulate the registration, establishment and management of services and establishment and management of residential facilities for older persons; and
- (e) Combat the abuse of older persons.

Whilst the policy and legislation is an important milestone in the field of older persons, another phenomenon, population ageing, is compounding matters further. Much has been done on the subject to raise the awareness of the certainty of an ageing population through research, publications, and conferences.

The United Nations (2011) pointed out that the number of older people in 2010 was 758 million and in 2050, it is projected to grow to just over 2 billion. By 2050, there will be more adults over 60 worldwide than children under 14 (United Nations 2002b: 1-14). This will have profound implications for both the developed and developing world. People are living longer and the number of people aged over 80 is increasing fastest, especially in developing countries. Contrary to popular belief, in Africa, falling life expectancy at birth because of HIV does not mean that there will be fewer older people (United Nations 2002b: 1-14).

The obvious conclusion that can be drawn is that countries need to prepare for an ageing population and that there must be a link between population issues and development manifesting itself in planning and policy development. But, the point of departure is to determine if policy makers are aware of population ageing and if so, have they assessed the implications in respect of social development.

Due to the fact that the writer works at the National Department of Social Development, this research has significance in providing suitable evidence to inform policy development with the ultimate goal of ensuring that social development programmes have relevance for an aging population thus enabling older persons to continue to actively participate and meaningfully contribute to their own development and that of the country as a whole.

1.3 Focus of the topic within the field of development studies

The topic resonates well with development studies (DS), which, as a field of study or enquiry is largely about the study of change with a focus on developing countries. In DS, research is considered not only to include academic research but also policy related research, investigation and evaluation, further, DS works mainly within social sciences (Sumner and Tribe 2008: 23).

According to Aboderin (2008: 419), ageing is a development issue. Central to this issue is the argument that as people age, they are less able to be productive and care for themselves. The significance of ageing for development is viewed within two levels namely; “the position and

well-being of older persons as a 'social group' and the changing structure of the populations," Aboderin (2008: 420).

The topic of population ageing and implications for older persons within the context of the Department of Social Development is related to the sustainable livelihood framework.

According to the Department for International Development (DFID), sustainable livelihoods is defined as follows; "livelihood comprises the capabilities, assets (including both material and social resources), and activities required for a means of living. A livelihood is sustainable when it can cope with and recover from stresses and shocks and maintain or enhance its capabilities and assets both now and in the future, while not undermining the natural resource base," (Krantz 2001: 17).

Krantz (2001: 18) further provides the DFID's principles for sustainable livelihoods which include the following: people centred (understand the profile of people and what they want), participatory (people must be consulted and involved in decisions affecting them), multi-level (interventions should focus on micro, meso and macro levels), conducted in partnership (all stakeholders must be involved, state, NGO's and private sector), sustainable (all elements of sustainability must be addressed in respect of economic, social, institutional and environmental) and dynamic (there must be flexibility in approaches and solutions). Therefore the importance of reviewing all these dimensions is necessary for comprehending the implications of population ageing for older persons.

In addition, the Department of Social Development (2009: 7) has defined the sustainable livelihoods framework to include the following areas:

- Assets or resources of individuals (These include natural assets, human assets, physical assets, financial assets and social assets);
- The vulnerabilities to stresses and shocks that individuals are exposed to;
- The enabling or regulatory environment of policies, institutions and processes that affect people;
- The outcomes that people want to achieve in their lives; and
- The opportunities that people can take advantage of in order to achieve their outcomes

The benefit of using this approach is that it places people at the centre of the discussion on livelihoods and in this research, there is a focus on understanding the profile of older persons in

respect of their education levels, their health, housing and basic services, living arrangements as well as poverty, income and economic activity. These issues will be further elaborated upon in Chapter Three.

Aligned to the sustainable livelihood framework, the context of development will be viewed from the perspective of development planning and development strategies. According to Hettne (2005), cited in Desai and Potter (2008: 108), it is stated that development strategies can be defined as “practical paths to development which may be pursued by international agencies, states, non government organisations and community based organisations, or indeed individuals, in an effort to stimulate change within particular nations, regions and continents.” Therefore, this can be viewed as attempts to “change existing and economic structures” in order to find sustainable solutions “facing decision makers.” The perspectives of government officials and NGO’s are therefore important.

1.4 Problem Statement

The main practical reasons for the choice of the topic is that when one considers the issue of population ageing and reflects on what is currently taking place in the developed world to acknowledge and address the issue, it becomes necessary to examine if South Africa is planning to be prepared for an ageing society. In an acknowledgement of what a mammoth task that would entail, due to limitations of scope, it is important to understand this from the perspective of the critical stakeholders within the DSD arena, namely, officials and NGO’s within the field of older persons.

Furthermore, whilst literature on this subject matter has been explored from the perspectives of experts, civil society organizations, older persons and internationally by policy makers, the fundamental gap is that there has not been any research undertaken regarding this issue with policy makers in the DSD field employed by the state in South Africa.

Therefore, the reality of population ageing in South Africa is that it will have social development implications that will necessitate development thinking, adequate and effective planning (medium to long term) and responsive policy development based on evidence. Within this context, the problem statement is the following:

The current agenda of the Department of Social Development does not seem to satisfactorily reflect an acknowledgment or plan to address the social development issues that relate to an ageing society. In an assessment of the issues of older persons, it is important to determine the perspectives of both government and non government officials.

1.5 Primary Aim and Objectives

1.5.1 Primary aim

The primary aim of the study is to explore and compare the understanding between government officials and non governmental organizations (NGO's) within the ambit of the Department of Social Development regarding the policy and programme implications of population ageing for older persons.

1.5.2 Objectives

The objectives of this research are:

- To identify the issues that government officials and NGO's consider to be important for older persons;
- To explore the views of government and NGO sector officials on the implications of the five public policy population indicators for older persons (listed below);
- To compare the perspectives between government officials and NGO's in order to determine if there is a common understanding of the issues;
- To provide a gap analysis on where interventions need to be targeted; and
- To make recommendations in order to shape policy positions on the subject matter and influence the social development agenda for older persons.

1.5.3 Research Questions

Some of the critical questions included in the study are:

- What is the DSD and government agenda on ageing?
- What are the challenges in service delivery for older persons?
- What are the priorities for older persons?

- Are there gaps in policy and programmes for older persons?
- What are the implications of the following five public policy population indicators for older persons?
 - Demographic determinants of ageing
 - Magnitude and speed of ageing
 - Changing balance between the age groups
 - Demographic profile of the Older Population
 - Socio-economic characteristics of older persons

1.6 Importance of the Study

With South Africa being a signatory to the international plan of action on ageing as well as to the Declaration on the Rights of Older Persons, there are international obligations that must be fulfilled. Therefore, at the United Nations annual Social Development Commission meeting held in New York, countries are expected to report their progress in the realization of these commitments. In order to do this, it requires regular research in a number of areas to be completed to inform the report. In addition, policy interventions must be guided and informed by demographic profiles within the current and future context to inform appropriate solutions.

Moreover, it is not just about reporting to the UN but about ensuring that policy makers in the Social Development space are cognizant of population ageing and its associated implications for the social development agenda. But in order for government to acknowledge the issues of ageing as a priority, one must be able to provide evidence and an argument to substantiate any proposal that is made in this area.

Recent government changes in Ministries have demonstrated that the issues of an ageing society are not fundamentally regarded in so far as the Medium Term Strategic Framework of South Africa is concerned. There have been new Ministries created to support government priority areas, namely the Ministry of Women, Gender and People with Disabilities but there is no focus on older persons. Therefore, the Older Persons unit in the Department of Social Development is assuming the focal coordination role on all matters pertaining to older persons throughout government.

This study is therefore important to document the implications of population ageing for older persons in order to inform an agenda for older persons in South Africa, at present and in the future. The lack of knowledge on this matter may result in misdirected planning and allocation of resources which would be detrimental for South Africa's older population.

1.7 Research Design

The research design can be viewed as a plan of the study or as stated in the Unisa tutorial letter (2009: 10), it is a "project planning document" where the research itself is viewed and managed like a project. Similarly, just as one plans the phases of the project based on an understanding of what the aim of the project is, its scope, timeline and resource availability, so too does one plan and proceed with the research design. It defines all the subsequent phases of the project and provides a view of what would be done, when it will get done and the methods employed to complete it.

In respect of research paradigms, the simple distinction between qualitative and quantitative research paradigms is that quantitative researchers collect data using mostly large sample sizes in the form of numbers and complete the analysis using various statistical tools whereas qualitative researchers collect data from smaller samples in the form of narratives with lots of subjective content and analyses thus using various qualitative tools to provide a rich description of an area of interest beyond numbers. Based on the discussion in the preceding sections and the research problem, this research is suitable for a qualitative design.

There are different types of research that informs a study and within the context of this research; there are three types of research that bears relevance. These are the exploratory, explanatory and descriptive, terms by their very nature which are self-explanatory. However, at the risk of reducing it too simplistically, this research is principally exploratory because it explores the issue of what policy makers in government and NGO's consider to be the implications of population ageing for older persons within the context of social development programmes and services. But, to some extent, it explains why this is the case and provides a rich description of the context to provide a deeper meaningful understanding of the situation.

Although it is not primarily anticipated that this study would necessarily result in theory formulation, it is envisaged that the study would discover that South Africa is not preparing for an ageing society and that the agenda that policy makers in government and the NGO sector are pursuing, is complimentary. The idea is that through utilizing a qualitative methodology and

obtaining answers to the research questions, some conclusions would emerge and combined, would provide some contribution to the issue of population ageing and social development.

An important component that must be accommodated in any research is that of the literature review. The literature review assists the researcher to understand what work has been done within the similar topic, what methodology was employed and what have been the subsequent findings. It thus in my view, provides direction of new areas that should be researched to close a potential gap thus meaningfully contributing and adding to the existing body of knowledge. In support of the above, Chapter 2, 3 and 4 will provide a detailed literature review on the topic that would enable and assist the reader to locate this research within a broader research agenda but more importantly, will serve to educate and inform the reader of all the variables contained in this research.

1.7.1 Limitations and scope of the study

The subject of limitations and scope of the study can be easily understood to mean the parameters within which the research is to be undertaken.

The research will include selected policy makers at the National Department of Social Development from the programmes of older persons and population and development. It therefore excludes other policy makers in the National Department. In the nine provincial departments and Offices of the Premier, it will include only the provincial coordinators working in the field of older persons. Furthermore, it includes NGO's that work in the field of older persons and therefore, other NGO's will not be included.

The study will be undertaken at the national office which is situated in Pretoria and meeting venues in Gauteng. The settings for the interview would be in the offices of the respondents to enable them to feel comfortable as they will be in a familiar setting therefore; the research is limited to this setting.

The primary fieldwork will be conducted through in-depth interviewing, literature review, dissemination of a questionnaire and secondary data analysis. All other forms of data collection are excluded. The researcher will begin with a literature review and secondary data analysis. This will then be followed by the survey and the in-depth interviews. The researcher is the only researcher for this study and thus excludes any other researcher or research team from assisting the researcher.

Based on the topic of the research, what is considered in scope is reviewing matters of population ageing and social development with a focus of older persons. Other areas in the development domain are excluded from the research.

1.7.2 Research Methodology

According to Denzin and Lincoln (2005: 117), qualitative research can be described as a method of inquiry appropriated in many different academic disciplines, traditionally in social sciences, but also in market research and further contexts. The primary aim of qualitative research is to provide a complete detailed description of the research topic and quantitative research on the other hand focuses more in counting and classifying features and constructing statistical models and figures to explain what is observed.

Therefore, in my view a qualitative methodology is about the depth and richness of information generated through the data collection process that provides an enhanced and enriched account of why certain things are the way they are enabling the researcher to fully understand and comprehend the subject of study much better. It allows for a respondent to bring the heart and soul to the study, not just the body and mind. Based on the research objectives and questions, this study is qualitative in nature.

As previously stated, this research falls within the domains of exploratory studies. It is exploratory because it makes a preliminary investigation into an area of inquiry that is not discussed in the Department of Social Development and it aims to describe the phenomena accurately. Furthermore, it seeks to provide a basis of comparison between government and NGO' perceptions of population ageing and its implication for older persons within the context of social development, detail some analysis on possible policy gaps and make some recommendations.

1.7.3 Sampling

The sampling method that will be undertaken in this study is a non-probability sampling method because they are less complicated and more cost-effective in respect of time and the use of financial resources. Based on this method, the research would employ purposive sampling method because it is based on the understanding of sampling those in the population that is available. Purposive sampling is most successful when data review and analysis are done in conjunction with data collection (Welman and Kruger 1999: 63).

It is my view that all efforts should be made through this sampling method which is extremely favourable to the researcher, to obtain a fairly representative sample. In this regard, whilst it is not necessary through this sampling method to draw a sample size that is representative of the total population, it is planned that the sample drawn will be fairly representative with a total sample size of thirty being pursued. It is assumed that these targeted respondents will be available for the research as expected of this sampling method. Should they not be, a new time and date would be negotiated and failing that, they would be replaced by other policy makers related to the topic.

The interviews and surveys are two methods of data collection that will be used to generate information in response to the research questions. They will be designed in a way that will allow for comparisons between the questions posed in the survey and that of the interview.

1.7.4 Data Collection

This research would use individual in-depth semi structured interviews, literature reviews, distribution of qualitative questionnaires (survey) and secondary data as part of the data collection method. According to Brenner, Brown and Canter (1985: 3), an interview is an interaction between two or more people for purposes of one person to learn something from the other person. Due to the fact that this is one of the most important data collection methods employed in this research, it is important to analyse its advantages and acknowledge its weaknesses so that it can be managed effectively.

Brenner et al have stated that the advantages of the interview are that both the interviewer and interviewee have the opportunity to obtain clarity on questions and responses; the response to questions is immediate. However, some disadvantages or risks are, because the contact between the interviewer and interviewee is face-to-face, there may be opportunities for bias to occur and due to the sheer volume of verbal data generated through the research process, there could be errors in the interpretation of the data. In mitigation of these risks, fortunately, the researcher in this study has a formal qualification in social work which provided extensive training in the interview methodology and associated processes.

The data that would be collected for the literature review would include documentation of the social development strategic plan, relevant policies and programme information. Secondary data that would be collected will include the social grants payment statistics and Census data.

The use of the questionnaire is necessary for the provincial respondents in the employ of the Department of Social Development and the NGO's. The questionnaires would be designed in such a manner that it will allow for open ended questions to enable respondents to freely express themselves. The information would be analyzed using qualitative approaches. Based on the feedback of the questionnaires, should the researcher not be satisfied with the responses, there will be an opportunity for follow up either through telephonic or one-to one. It is planned that thirty questionnaires would be distributed and respondents would be selected through purposive sampling methods. The results of the questionnaire will be captured on excel spreadsheets and the analysis of the questionnaires will be done using content analysis. In terms of data management, a database would be developed on the computer with folders created to store files in different categories relevant to the subject matter. This would also be stored on an external hard drive to circumvent system failures and the loss of all data in the research. Additionally, files will be maintained in printed material to facilitate easy access when required.

The results of the research would be presented using descriptive statistics in the form of bar graphs or histograms. This would be further substantiated with supplementation of the richness of the data in the text with references to quotations from the respondents themselves. These matters are further elaborated on in Chapter 5. Due to the nature of some of the statistical information that will be obtained as part of the secondary data, this would be represented in tables e.g. census and population ageing data.

1.7.5 Data Analysis

The predominant form of data analysis would include content analysis as recommended by Silverman (2001: 304) as well as Imas and Rist (2009: 378-379) which will begin with the process of coding. This requires reading the written text of the interview and survey to enable the researcher to ascribe codes to different segments within the text. In general, open coding is a process of reducing the data to a small set of themes that appear to describe the phenomenon under investigation where the data is examined for commonalities that reflect categories or ideas within the data. In this context, as stated by Neuman (1997: 426) data analysis is defined as "searching for patterns in the data." Relationships between the categories would be analysed and thematic areas developed to reduce the volume of data and provide richness to the data in a manner that is coherent.

1.7.6 Validation

As opposed to issues of reliability and validity which is often used in quantitative research, according to Creswell (1994: 157-163), a qualitative researcher seeks credibility, transferability and dependability. Credible research produces findings that are convincing and believable. Transferability is achieved by producing rich descriptions of contexts that can be transferred to new contexts in other studies. Dependability refers to the degree to which the reader can be convinced that the finding did indeed occur as the researcher says they did.

The researcher would seek to endeavour to ensure that the principles of credibility, transferability and dependability are fully integrated throughout the research process. To this end, relevant sources used will be acknowledged, field notes and completed questionnaires will be maintained in a data base, data would be analyzed using approved techniques within the qualitative paradigm and results captured in a manner that provides the rich descriptions of information generated and processed throughout the research cycle.

1.7.7 Ethical considerations

Researchers have an obligation to ensure that they adhere to certain ethical standards in all phases of the research process. The researcher, in conducting this research is in support of the “contextualized consequential model which includes principles of mutual respect, non-coercion and non-manipulation, the support of democratic values and institutions, and the belief that every research act implies moral and ethical decisions that are contextual. Every ethical decision, affects others with immediate and long-range consequences. These consequences involve personal values held by the researcher and those studied” (Denzin et al 2005: 21-22).

In order to ensure that the aforementioned elements are integrated in the research process, the researcher will prepare a letter requesting the written informed consent of the respondents stating categorically that their confidentiality would be protected. This is a fundamental component in the research process to enable respondents to freely engage in the research whilst being fully appraised of what their participation in the research entails.

Furthermore, approval has been granted by DSD for the researcher to conduct this study within this area of work.

1.7.8 Position of the researcher

In any research that is being conducted, the researcher has to give due consideration to his or her position within the context of the research. The position of the researcher whilst important is not confined to a position within an organogram of the organization that the researcher is employed in, but is rather about issues of biases, values and judgments as well as gender, class and race (Creswell 1994: 5,8-10,147,161-162). To clarify this, the researcher is a South African female from a middle class background.

The researcher believes that it is important to ensure that this issue is clarified so that she cannot at a later stage be accused of not categorically stating her position. The complexity that the researcher finds herself in is that she is an employee of the Department of Social Development. However, this research will be conducted and written in a personal capacity. Therefore the views and opinions stated in the research, is explicitly that of the researcher and not government. The researcher has also worked in the NGO sector and thus, there is a balance in terms of this area specifically when it relates to the comparison between policy makers in government and those in the NGO sector.

1.8 Chapter Layout

1.8.1 Chapter Two

This chapter reviews a brief history of population projections and compares population projections for the International Institute for Applied Systems Analysis (IIASA), the World Bank and the United Nations (UN). An international perspective of world and regional population estimates is discussed focusing on population indicators associated with demographic determinants, the magnitude and speed of population ageing, changing balance between the age groups, demographic profile of older persons and the socio-economic characteristics of the older population.

1.8.2 Chapter Three

This chapter contextualises the issues discussed in Chapter Two to the South African environment by examining the population indicators and providing a social profile of South Africa's older persons including an understanding of their educational levels, access to housing and basic services, their household characteristics, poverty, income and economic activity,

health, abuse of older persons, food security and a gender analysis. In this regard, the chapter assists by providing evidence for some areas of the sustainable livelihood of older persons.

1.8.3 Chapter Four

This chapter focuses on a reflection of the concept of Social Development and the international context of the older person's programme. It reviews the African regional framework and centres on the South African framework for older persons whilst examining some of the topical issues affecting older persons.

1.8.4 Chapter Five

The focus of this chapter is on the methodology that was employed in the study. The chapter will provide an explanation of the following elements as contained in the methodology namely, research design, sampling methods, data collection methods, data capturing and analysis. It also provides for ethical considerations that have been made in undertaking the research.

1.8.5 Chapter Six

The research presents the results of the study and details the findings in respect of the survey undertaken. These findings are structured into three sections with section one providing a profile of the respondents, section two dealing with the issues and challenges that government officials and the NGO sector consider important for older persons and section three, provides for the results on the implications of population indicators for older persons.

1.8.6 Chapter Seven

This chapter provides a summary of chapters one to five, and discusses the key findings aligned to the objectives of the study. The chapter ends with recommendations and a final conclusion.

1.9 Summary

The interest for the topic emanated largely from the researchers previous and current field of employment being that within the domain of Social Development which is primarily concerned with the improvement of quality of life, which any development agenda ultimately seeks to achieve. The focus on older persons is influenced by the demographic transition of population dynamics which will have serious consequences for developing countries. Whilst population ageing is already been experienced in the more developed countries, the process has become more apparent in the developing world.

Fundamental to the research problem is to determine if the social development implications of population ageing are assessed by policy makers in government and the NGO sector, if planning has started, if current policies and programs address the implications and if there is congruence between what policy makers and those in the non-governmental sector perceive to be the implications thus determining if there is a common agenda.

In order to derive the answers to the issues raised, a qualitative research design will be adopted. The data collection methods are predominantly semi-structured interviews, dissemination of a qualitative questionnaire and secondary data analysis of population statistics as well as the review of relevant literature. Content analysis as a data analysis technique would be used. Ethical considerations would be factored into the study throughout all phases of the research to ensure adherence to the principles of honesty, openness, right to privacy and most importantly, informed consent.

The next chapter provides the reader with an international perspective of population ageing.

Chapter Two: International Perspectives on the indicators of Population Ageing

2.1 Introduction

This research is predicated on the subject of population ageing within the context of the implications for older persons. It is for this reason that it becomes necessary to understand what is meant by population ageing and the associated indicators that are used to determine population characteristics and profiles. There have been projections modelled by many organizations notably, the United Nations (UN), World Bank and the International Institute for Applied Systems Analysis (IIASA). The purpose of generating projections is to amongst others, assist various interested groups (politicians, policy-makers, NGO's and business) in their respective planning initiatives. This chapter supports two research objectives of identifying the issues and challenges considered important for older persons and the implications of the five public policy population indicators for older persons.

Population projections are done on a global basis, continental and regional basis and therefore, this chapter largely focuses on the comparison of population ageing in developed and developing countries. It must be stated that statistics by its very nature are “volatile” given the fact that they are based on assumptions and the models utilised. The information that is contained in this chapter is primarily informed by the work commissioned by the United Nations, the institutions mentioned above including the United States Census Bureau (USCB) and the Population Reference Bureau (PRB), unless otherwise stated.

This chapter is structured in four sections. Section 2.2 reviews a brief history of population projections and section 2.3 provides population projections for the IIASA, the World Bank and the United Nations. Section 2.4 reflects on the international perspective of world and regional population estimates focusing on the five public policy population indicators associated with demographic determinants, the magnitude and speed of population ageing, changing balance between the age groups, demographic profile of older persons and the socio-economic characteristics of the older population. Section 2.5 provides a summary and conclusion for the chapter.

2.2 Brief History of Global Population Projections

Gregory King (1648-1712) was the first known creator of long range global population projections. His information and expertise provided a basis for scholars after him to perfect and advance. In terms of early global projections, they tended to be long range and were based on extrapolations of total numbers (Lutz 1994: 3).

A leading scholar who altered the “potentiality” of more sophisticated population projections into actuality was Frank Notestein. According to Lutz (1994: 6), Notestein presented the first contemporary worldwide population projections. He re-evaluated earlier periods of population developments of countries and continents; he talked about his understanding of the systems of population transformation, characterising three dominant demographic categories of populations related to varied stages of demographic advancement. His effort informed a foundation for the creation of world, regional and national projections. His theoretical outline is based on the demographic transition theory and this has informed in part the theoretical base for the majority of the worldwide extended range population projections that followed. The United Nations population projections in the 1950's and 1960's pursues Notestein's model with modifications being established as methods of demographics and analysis developed.

2.2.1 What is the Demographic Transition Theory?

According to Kirk (1996: 367), the concept of demographic transition is underpinned by the notion that “societies that experience modernisation progress from a pre-modern regime of high fertility and high mortality to a post modern one in which both are low.”

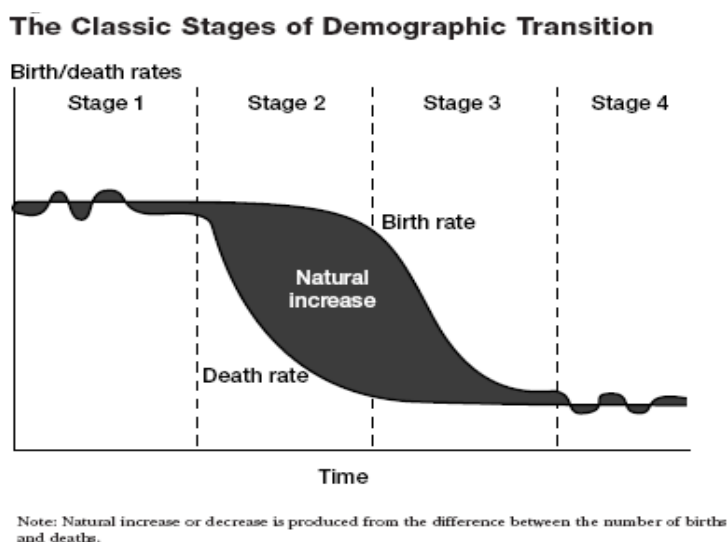
The theory of demographic transition was first formulated by Warren Thompson (1929: 959-975) wherein he identified three groups of countries with dissimilar rates of population development. Group A countries were identified with a decrease in the rates of population growth and probably a decline in the population identified as countries in Western Europe. Group B countries (Eastern and Southern Europe) were those where both birth and death rates were declining but where the death rate had decreased more speedily than the birth rate. Group C countries were those where both the birth and death rate were increasing. These countries were projected to contain between 70 percent and 75 percent of the population of the world (India and Russia).

Adolphe Launay also proposed three variations of population development namely primitive, intermediate and contemporary, similar to Thompson's three groups (Kirk 1996: 362). He provided reasons for the declining mortality to be improved health care due to vaccines, as well as "fewer deaths from violence and civil wars." Notestein developed a "typology of populations as an introduction to a review of the prospects for world population growth." He provided the following reasons for fertility decline, in Notestein's own words, extracted from (Kirk 1996: 364).

"The new ideal of the small family arose typically in the urban industrial society. It is impossible to be precise about the various causal factors, but apparently many were important. Urban life stripped the family of many functions in production, consumption, recreation, and education. In factory employment the individual stood on his own accomplishments. The new mobility of young people and the anonymity of city life reduced the pressure toward traditional behaviour exerted by the family and the community. In a period of rapidly developing technology, new skills were needed and new opportunities for individual advancement arose. Education and rational point of view became increasingly important. As a consequence, the cost of child rearing grew and the possibilities for economic contributions by children declined. Falling death rates at once increased the size of the family to be supported and lowered the inducements to have many births. Women moreover, found new independence from household obligations and new economic roles less compatible with childbearing."

According to Oladele, Arowolo and Ikamungoma-Dada (2007: 2-3), the model by Zarnoun and Tabutin (1994) is the most recent representation of the demographic transition model as illustrated in figure 1 below.

Figure 1: The classic stages of Demographic Transition



There are four stages depicted in the model:

- Stage 1 (Pre-transition stage) is where there are birth and death rates fluctuating slightly at levels as high as 30-40 per thousand and slight population growth;
- Stage 2: Commencement of the stable decline of mortality while birth rates remain high resulting in high natural population growth;
- Stage 3: Commencement of a more or less rapid decrease in the birth rate lagging behind the decline of mortality at a time when the population growth rate is beginning to slow down; and
- Stage 4: Post-transitional stage where death and birth rates stabilize at levels as low as 10 per thousand with the latter remaining slightly higher than the former and leading to slow population growth.

The model as a theory, presupposes that mortality decline serves as a predecessor to final transition in fertility from high to low levels. However, the extent of the decrease in mortality related with the beginning of fertility decline is uncertain. The critique of the model according to Kirk (1996: 368-384), predicated on information from some African countries is that fertility can decline independently of the degree of social and economic development in a nation. Coale and Hoover (1958), cited in Oladele et al (2007: 12-27), mentioned that in respect of developing countries, decrease in the birth rate are not constantly based upon the reduction of death rates, and that urbanization is not an adequate circumstance for the decline of birth rates. Dyson and Murphy (1985) cited in Oladele et al (2007: 12-17), provided evidence of mortality declines being followed by a transitory increase in fertility in countries like Latin America, Africa and a major part of Asia. Furthermore, the critique of the demographic transition theory as with modernisation theory is the assumption that demographic occurrences of the non Western societies will follow the pattern of the West which is further critiqued because this view is limited due to not effectively considering the difference in cultural variables between these societies.

2.3 Population Projections

This section of the literature review is important for the study because fundamental to the research, is the subject of population ageing. For this reason, it is necessary to provide demographic evidence of population ageing. Furthermore, in a reflection on one of the

objectives of the study which specifically deals with the identification of the issues that government officials and NGO's consider to be important for older persons; an understanding of the changes in the age structures, the demographic profile and socio-economic characteristics are an elementary pre-requisite for determining the issues that would be of concern for older persons. Whilst within this chapter this is reported from a global perspective, Chapter Three deals with a regional and country outlook.

In respect of the time horizon for projections, demographers see thirty to forty years as a reasonable estimate period beyond which projections become less dependable. The main reason for this is that forecasting social change and behaviour beyond this period is difficult as there are many uncertainties (Lutz 1994: 22).

2.3.1 Population Projections by International Agencies

2.3.1.1 Profile of the Institute for Applied Systems Analysis (IIASA)

The International Institute for Applied Systems Analysis (IIASA) was established in 1972. It is an international research organization that conducts policy-oriented research into problems that are too large or too complex to be solved by a single country or academic discipline. These include issues such as climate change that have a global reach and can be resolved only by international cooperative action, or problems of common concern to many countries that need to be addressed at the national level, such as energy security, population aging and sustainable development (IIASA 2008).

2.3.1.2 Profile of the World Bank

The World Bank is an organisation that focuses on operations to reduce poverty, increase growth and strengthen the stability of the international financial system (World Bank 2011).

2.3.1.3 Profile of the United Nations Medium Variant Projections (2010-2100)

The Population Division of the United Nations has an extensive history of studying population ageing, including estimating and projecting older populations, and examining the determinants and consequences of population ageing (UN 2002b: xxvii).

2.3.2 Comparison of Population projections between IIASA, World Bank and UN for the year 2050

Table 1: Comparison of Population projections for 2050 between IIASA, World Bank and UN

Indicator	IIASA	World Bank	United Nations
World Population in billions	8.75	9.14	9.30
Proportion of persons above 60 years	0.22	0.21	0.22
Fertility	2.01	2.2	2.2
Proportion of children below 20 years	0.27	0.27	0.27
Life Expectancy-Males	71.71		73.2
Life Expectancy-Females	76.68		78
Life Expectancy		75.2 ¹	

Source: IIASA's 2007 Probabilistic World Population Projections, World Bank Population Projections 2011 and United Nations 2011, 2010 Revision of World Population Prospects

By 2050, IIASA's estimates indicates a lower world population size (8.75 billion) than the UN (9.30 billion) and World Bank (9.14 billion) whilst the World Bank projects a lower overall proportion for the elderly (21 percent) than the UN (22 percent) and IIASA (22 percent) estimates, the latter two being the same. The fertility rate and proportion of children below 20 years is very similar for all organisations. Life expectancy projections for males and females are provided by IIASA and the United Nations only and in both cases the projections made by the UN is slightly higher than IIASA. The World Bank projections for life expectancy is at 75.2 years which falls within the range of the 70's for the both the UN and IIASA.

However, regardless of these slight variations in the projections, there is consensus in respect of the fact that population aging is an occurrence globally albeit at different speeds in the world. When one compares these indicators to the concept of demographic transition which is marked by both declining fertility and mortality rates, it is evident that the world population is going through a demographic transition.

Furthermore, based on the analysis of Table 1, the following conclusions on the projected statistics can be established:

¹ The World Bank does not provide life expectancy rates for males and females.

- There is an increase in the world population;
- There is declining fertility and mortality;
- There is an increase in life expectancy for both males and females;
- The growth in the older population which is faster than the other age groups within the population;
- There is a decrease in the population of children below the age of 20 years;
- There is an increase in the median age; and
- There is an increase in the dependency ratio

These global indicators thus provide overwhelming and concerted evidence regarding the fact that population ageing is to be anticipated and therefore, this historical demographic transition has significant social, political, and economic implications for all regions of the world.

However, as much as there is consensus that population ageing is a demographic feature of all populations of the world, it is commonly accepted that the speed and magnitude of population ageing is dissimilar across the different regions of the population.

2.4 International Perspective of World and Regional Population Estimates

This segment of the literature review is completed using statistics for developed and developing countries informed by the work conducted by the population division of the United Nations, World Bank, IIASA, Population Reference Bureau (PRB) and US Census Bureau (USCB).

However, whilst reference will be made to the other sources mentioned above, primarily the findings will be used from the United Nations. The reason for the use of only this source is due to the fact that Table 1 has illustrated that the projections made by the other two reputable organisations is similar to that of the United Nations and therefore it would be sufficient to conclude that the statistics of the United Nations would be all encompassing.

Furthermore, support for the use of the United Nations statistics is mentioned in Lutz and Samir (2010: 2787) where they indicate that the UN population projections “dominate” the field in respect of international population projections and “at all international agencies that are part of the UN family of agencies, there is an institutional agreement to only and consistently use the

UN projections in order to avoid embarrassment.” The medium variant of the population projections of the UN is more widely used than the lower or higher variant.

The analysis will be based on developed and developing countries as defined by the United Nations (2002b: 43). These are grouped geographically into six major areas: Africa, Asia, Europe, Northern America, Latin America and the Caribbean and Oceania. These are then further classified into two general groups (more developed and less developed) predicated on their socio-economic and demographic circumstances.

The framework that will be used to analyse these population indicators are within the context of the five major public policy issues namely:

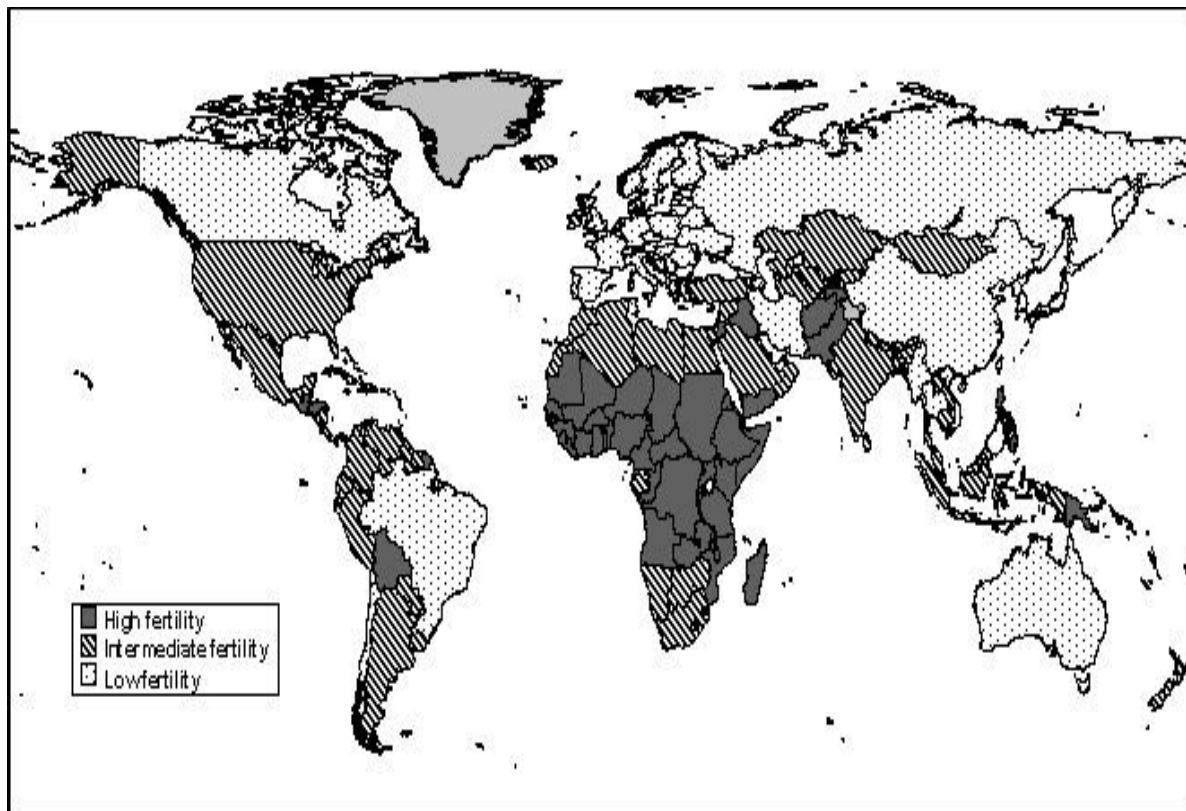
- 2.4.1 Demographic determinants of population ageing;
- 2.4.2 The magnitude and speed of population ageing;
- 2.4.3 Changing balance between the age groups;
- 2.4.4 Demographic profile of older persons; and
- 2.4.5 The socio-economic characteristics of the older population

2.4.1 Demographic determinants of population ageing

Population ageing is a process whereby the older population become a larger share of the total population through changes of high to low levels of fertility and mortality, (UN: 2002b: 1).

2.4.1.1 Fertility Levels

Figure 2: Countries and areas classified by fertility level



Source: United Nations 2011, 2010 Revision of World Population Prospects

According to figure 2, the fertility levels differ significantly among the different regions of the world. Levels of low fertility are prevalent in most parts of Europe, North and South America and Australia. Areas that show significant high fertility rates can be found predominantly in Africa, in Eastern and Western Africa, some parts of Asia, Oceania and Latin America.

The United Nations (2011) records that 42 percent of the world's population live in countries with low fertility where women are having far fewer children than required to maintain replacement levels and 40 percent of the world's population live in intermediate fertility countries where women are having on average between 1 and 1.5 daughters. The high fertility countries where women have more than 1.5 daughters, house the remaining 18 percent of the world's population. Therefore, the future growth in population will take place in high fertility countries.

According to Grundy (1996) and the National Research Council (2001), cited in UN (2002b: 6), in developed countries where the decline in fertility and mortality rates which have been a feature of the population structure for long period of time has occurred, increases in the older population are determined by enhanced probabilities of surviving to older ages.

If women are having fewer children, this would suggest that there would be smaller numbers of children to provide care for older persons later in their life. Therefore, potential diminishing family support would mean that the state would have to fulfil the role of care and protection of older persons in the absence of family support. This would have far reaching financial and infrastructure costs for governments in the future. Hoyert (1991) and Wolf (1994) cited in (UN 2002b: 1) state that this is further compromised by a situation where older persons social support is primarily provided by the family.

2.4.1.2 Mortality Levels

The World Bank (2011) projects that global infant mortality levels and under 5 mortality levels will decrease from 41.8 deaths per 1000 live births between the years 2010-2015 live births to 23.4 deaths in 2045-2050. The United Nations (2011), IIASA (2007) and the US Census Bureau (2011) all further project similar decreases in infant mortality.

2.4.1.3 Life Expectancy

Life expectancy is projected to increase from 71.71 years for males to 73.2 years and for females from 76.68 to 78 years in 2050.

It is therefore apparent that more people will survive to experience old age and this has implications for the quality of life at old age and the relative care and support required for older persons.

In respect of the gender dimensions, globally, women currently outlive men by 4.18 years and this is projected to increase to 4.97 years by 2050 (IIASA 2007). Presently, in the more developed regions, women outlive men by 6.70 years and in the less developed regions by 3.80 years. These numbers are projected to decrease to 5.70 years in the more developed regions and increase to 4.50 years in the less developed regions (UN 2011). Therefore, the needs and challenges experienced by women are an important subject in the discourse of ageing.

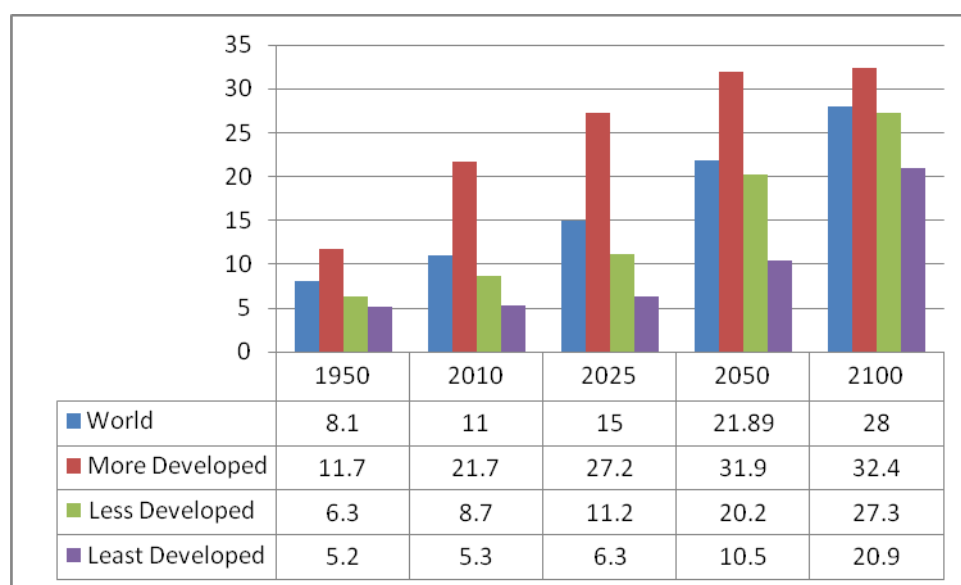
According to Lutz et al (2010: 2789), as life expectancy increases, disability free life expectancy is also predisposed to increase thus implying that the future older persons are likely to be in better health than the older persons of today.

2.4.2 Magnitude and Speed of Population Ageing

2.4.2.1 Proportion of the older population

The older persons population grew from 204 million in 1950 to 758 million in 2010. In 2050, it is projected that this number will expand to just over 2 billion (UN 2011).

Figure 3: Proportion of 60 years and above age group



Source: United Nations 2011, 2010 Revision of World Population Prospects

As evident from figure 3, the proportion of persons 60 years and above as a percentage of the total population, increases globally and for all regions and is projected to almost double by 2100. The more developed regions are already experiencing a higher proportion of older persons as compared to the less developed regions. However, the 60 years and above age group is growing more speedily in the less developing regions and by implication, there will more older persons in the less developing regions.

The UN (2011) projects that the growth of the population of persons above the age of 60 years is 3.2 percent for the period 2010-2015 in the world. This is slightly higher for the more developed regions at 3.3 percent and even higher for the less developed regions at 3.9 percent.

2.4.3 Changing Balance between the age groups

The World Bank (2011) IIASA (2007) and the United Nations (2011) have indicated that globally, the increasing share of older persons is accompanied by declines in the share of young persons. By the year 2050, for the first time in history, the share of older persons and children below 20 years will be 22 percent and 27 percent respectively.

Therefore, within the broad age groups, it is evident that the balance of the young old is altering throughout the world.

2.4.3.1 Ageing Index

In respect of the ageing index, in 2050 there will be one hundred and one people 60 years old or older for every one hundred children 0-14 years in the world. Therefore, it is necessary to begin dialogues that will shape the way societies are structured and resources distributed to meet these changes.

In the less developed regions, there were 23 people 60 years or older for every hundred children under 15 in 2000. By 2050, it is projected to become almost four times greater and reach 89 for every hundred children and in the more developed regions, for the same period, this is projected to grow from 106 to 215 people 60 years or older per hundred children.

There are regional differences in the ageing indices in that by the year 2000, the ageing index in Europe (116 per hundred) was practically ten times that of Africa (12 per hundred). For the period 2000 and 2050, the ageing index is anticipated to increase considerably in Asia, Latin America and the Caribbean, which will more than quadruple. The ageing index is estimated to vary from a high of 263 per hundred in Europe to a low of 37 per hundred in Africa (UN 2002b: 16-17).

2.4.3.2 Median Age

In respect of the median age of the world's population, this is projected to increase by an estimated 14 years between 1950 and 2050 from 23.9 years to 37.9 years. Therefore by 2050, half of the world's population is projected to be more than 37 years old.

By 2050, the median age of the more developed regions is estimated to be more than 16.5 years higher in comparison to the least developed regions. By 2050, the median age in Europe is projected to rise to 45.7 years, a level 19.3 years higher than that projected for Africa (UN

2011) and the oldest population is expected to be that of Spain, where one in every two persons is projected to be at least 55 years old (UN 2002b: 17-18).

2.4.3.3 Total Dependency Ratio

According to UN (2002b: 41), the total dependency ratio is based on the notion that the population below 15 years and those above 60 years require some kind of support either directly or indirectly from the working age population of people between 15-59 years. This is further elaborated on below:

2.4.3.3.1 *Old age Dependency ratio*

The old age dependency ratio is the number of older persons 65 years and over for every one hundred persons 15-64 years. The United Nations (2011), projects this globally to increase from 9 in 1950 to 12 in 2010 and 26 in 2050. In the more developed regions, this is expected to increase from 48 in 2010 to 73 in 2050 and in the less developed regions; this will increase from 9 in 2010 to 23 in 2050. According to IIASA (2007), in 2050, Japan will have an old age dependency ratio of 100, higher than any other region of the world.

2.4.3.3.2 *Potential support dependency ratio*

The potential support ratio (PSR) is the opposite of the old age dependency ratio and projects those likely to be economically active and those most likely to be dependants. Between 1950 and 2000, the PSR fell from 12 to 9 people in the working ages per each person 65 years or older. By 2050, the PSR is anticipated to decrease to 4 working age persons for each person 65 years or older (UN 2002b:20-21). The repercussion of this is that there might be challenges for the sustainability of social security systems in all parts of the world.

2.4.3.3.3 *Parent support dependency ratio*

The parent support ratio is an indicator that is generally used to determine the burden on families to provide for their oldest-old members. It equates the oldest-old to their supposed offspring, who were born when the older persons was in their twenties and thirties. However, since the people in the numerator and those in the denominator are not necessarily related by kinship ties, the parent support ratio should be taken only as an estimated gauge of changes in the family support required for the oldest-old as reported by Kinsella and Taeuber (1993), cited in United Nations (2002b: 21).

This ratio indicates the number of persons aged 85 years or over in relation to those between 50 and 64 years. As life expectancy increases, older persons above 60 years are expected to have their older parents and relatives still living and possibly requiring care. According to the United Nations (2002b: 21-22), globally, in 2000, there were 4 persons aged 85 years per hundred persons aged between 50 and 64 years and by 2050, this is expected to triple. In the more developed regions, this is anticipated to reach 28 and 8 in the less developed regions.

The obvious implication is that as people age, they tend to become prone to many chronic illnesses which necessitate care. Therefore, consideration should be provided for determining what levels of care are required and which institutions will assume the responsibility for providing such care.

2.4.4 Demographic Profile of the Older Population

2.4.4.1 Age Composition

In relation to the age composition, older persons are living longer and are thus ageing. Life expectancy at age 60 differs dramatically across the regions. In the least developed countries, men approaching 60 years, can look forward to living only 7.1 years more and women 11.2 years more in 2050, as opposed to developed countries where life expectancy at age 60 is 19.9 years for men and 25.6 years for women (UN 2011).

The fastest growing age group in the world is the oldest-old, those aged 80 years or older. Globally, the average annual growth rate of persons aged 80 years and above is 3.8 percent as opposed to the growth rate of 1.9 percent for the population of those over 60 years. This growth rate exceeds that for the younger population in all parts of the world. In 2050, the 80 year and above population is projected to reach 4.1 percent of the total population as compared to 1 percent in 2000. China (12 million), United States of America (9 million), India (6 million), Japan (5 million), Germany (3 million) and Russian Federation (3 million) account for 54 percent of the total number aged 80 years or over in 2000 (UN 2002b: 24).

2.4.4.2 Sex Ratio

The United Nations (2002b: 25-27) estimates that worldwide, in 2050, the number of men per hundred women is projected to increase to 85 at ages 60 or over, 81 at ages 65 or over, and to 61 at ages 80 or over. In Eastern and Northern Europe; women outnumber men by more than 5 to 3 in 2000.

However in other countries, mostly Western Asia, men outnumber women at older ages. This indicator is an important one to inform programmes that are better targeted to older persons whilst being cognizant of the gender dimensions and thus the different needs of women and men at older ages.

Due to women marrying younger than men, there is a higher probability of widowhood for women than men and furthermore, men tend to remarry after widowhood or divorce. It is estimated that 80 percent of older men are still married, compared to only 48 percent of older women and these sex differences are more common in the least developed countries, where the age disparities amongst spouses is higher and those older persons who are without spouses are widowed. The percentage of older persons living alone is higher in developed countries (24 percent) than developing countries (8 percent). Whilst some older persons that live by themselves are able to in relation to economic independence and being socially active, others could be challenged with ill-health, social isolation and the means to support themselves (United Nations 2002b: 25-27).

2.4.5 Socio Economic Characteristics of the Older Population

2.4.5.1 Labour Force Participation

In the past, older persons were more likely to participate in the labour force. In 1950, approximately 1 in every 3 persons aged 65 or over was in the labour force. In 2000, this ratio declined to just less than 1 in 5 and this decline is projected to continue in both developed and less developed regions. The rate of participation is higher in the less developed regions as compared to the developed regions. In the more developed regions, 21 percent of men aged 60 years or older are economically engaged as contrasted to 50 percent of men in the less developed regions. In the more developed regions, 10 percent of older women are economically engaged, against 19 percent in the less developed regions. This is primarily due to the reality that the availability of social security support is more widespread in the developed regions than the less developed regions (United Nations 2002b: 29).

Thus, the labour force participation rate is highest in Africa and lowest in Europe. Mozambique has a predominantly high rate; more than three in every four persons aged 65 or over were recorded to be in the labour force.

The proportion of women in the labour force is increasing. In 2000, the rates for men and women were less than 2 and 0.5 percent in some European countries and more than 80 and 60 percent in some African countries respectively.

The legislative retirement age is at age 65 or higher for men and below the age of 65 for women in most developed regions. In developing regions, this is generally between 55 and 60 years for both men and women and therefore, this is lower in comparison to developed countries. This is indicative of the rudimentary social security schemes and reduced life expectancies. In respect of the retirement age, this is an area that requires further consideration particularly in light of increased life expectancies but balanced with the other social and economic challenges that regions may be encountering.

2.4.5.2 Illiteracy Measures

In respect of illiteracy measures, the less developed regions are worse off than the more developed regions where almost all of the older population is literate in the more developed regions. Illiteracy has however reduced in the less developed regions from 75 percent of persons aged 60 or over in 1980 to 56 percent of persons aged 60 or over in 2000, but, this rate is still concerning as it is relatively high. According to Lutz et al (2010: 2789), the future elderly are likely to be better educated and usefully employed based on “incentive structures” in place. This is due to the fact that currently more children are accessing primary and secondary schools and thus “better educated younger cohorts move up to higher age groups.” Females are also expected to be as educated as males because in most countries; female school enrolment rates resemble that of males.

Women and those that are older within the above 60 years age group, have higher illiteracy rates than men in the less developed regions. Within the less developed regions, there are differences within some of the African countries and alarming statistics that in countries like Benin, Burkina Faso, Gambia, Mali and Niger, more than 90 percent of persons aged 60 to 64 and more than 95 percent of persons aged 70 or over were illiterate in the year 2000, compared with less than 6 percent of persons aged 60 to 64 and less than 8 percent of persons aged 70 or over in such countries as Argentina, Tajikistan and Uruguay (UN 2002b: 31-32).

It is important to state that illiteracy rates have imperative connotations in respect of the way this group of older persons are empowered to actively participate and contribute in a range of family and community initiatives.

2.5 Summary and Conclusions

The importance of population projections cannot be understated in respect of assisting a range of stakeholders in their planning initiatives. However, the volatility of statistics must be mentioned due to the fact the projections are based on assumptions and not all institutions use the same assumptions.

Evidence to support the notion of population ageing is provided in order to enhance the understanding of the possible implications for older persons. This supports two of the research objectives of the study which relates to government officials and NGO's identifying the issues that are considered important for older persons and understanding the implications of the five public policy population indicators for older persons.

Projections of population ageing were analysed and compared in respect of the work completed by the IIASA, World Bank and United Nations. Despite the fact there were slight variations in the projections; the similarities are acknowledged thus providing evidence of population ageing.

The demographic transition theory supports the concept of population ageing which is a process whereby the older population become a larger share of the total population through changes of high to low levels of fertility and mortality.

The findings of the implications of the five public policy population indicators for older persons in section 2.5.1 to section 2.5.5, is viewed from an international perspective at this point and Chapter Three will deal with these findings from a South African perspective. The reason for the focus of this chapter on the international perspective is to afford the reader with an opportunity for an improved understanding of what is happening globally and then in Chapter Three, to locate and compare this with South Africa.

The consequence of declining fertility is the fact that there are implications for reviewing the availability of family and relatives to provide care and support for older persons. This is further discussed in Chapter 3 where the status of older persons in South Africa is elaborated on and specifically, the features of older persons households are described.

The shift in the age structure has key implications for the social, economic and political spheres within the different regions which will shape future patterns of planning and engagement in all these spheres. Chapter Four will provide a context to the global initiatives and specifically, the

policy and legislative initiatives that the South African government is embarking upon to promote and protect the rights of older persons.

The speed of population ageing is more rapid in developing countries. The apprehension of such speedy growth is the ability of countries to make the necessary social and economic changes to accommodate this. This is further discussed in Chapter Four where matters relating to the social protection of older persons in South Africa is examined and quantified.

As older persons are projected to live longer, studies (Lutz et al 2010: 2789) have shown that they will probably be in better health than the older persons of today. The health issues that relate to older persons are given attention to in Chapter Three where matters of the most common disabilities among older persons are highlighted.

By 2050, it is projected that the number of older persons will closely parallel that of children and societies will have to reconsider the priorities and distribution of resources. The median age of the population is increasing and by 2050, this would be 37.9 years. The old age dependency ratio is increasing and there will be an increased demand for services for older persons. The potential support ratio is expected to reduce by 50 percent by 2050 thus implying that there will be fewer working people to support older persons and children. The implications for social security sustainability are an important consideration that must be planned for. The parent support ratio is increasing and older persons are more likely to have their parents live with them. The provisions of services and support for these households are important policy matters requiring reflection.

In respect of the demographic profile of the ageing population, the growth rate for the oldest old (80 years and above) exceeds that for the 60 years and above group and the younger population throughout the world. The obvious implication is that this group would have special needs and these needs must be assessed and programmes must be developed which are responsive to these needs. Chapter Four reviews the policies and programmes that is available for the care and protection of South Africa's older persons.

Due to the fact that women live longer than men, according to the sex ratio, the issue of ageing is primarily an issue about women. There are more female older persons as opposed to male older persons. The consequence of this statistic is that it becomes an indicator to prompt further analysis in terms of the gender dimensions of ageing and the common and different needs of

both men and women. In Chapter Three, there is a brief gender analysis of South Africa's older persons which provides a context to the situation that the majority of older women in South Africa find themselves in.

Labour force participation rates are declining although the rate of participation is higher in the less developed regions as compared to the developed regions. The proportion of women participation in the labour force is increasing. Therefore, universal social protection measures in the developing countries are an area that deserves strategic priority. Chapter Three further describes the socio-economic characteristics of South Africa's older persons as it relates to labour force participation and levels of literacy. In addition, matters related to poverty, income and economic activity are also discussed with a view to provide a comprehensive view of South Africa's older persons.

The legislative retirement age should be re-examined due to an increase in life expectancies but this must be done with due consideration to the social and economic issues that regions are experiencing.

In respect of illiteracy measures, the less developed regions do not fare well in comparison to the more developed regions. Women do not fare well compared to men and therefore this is an area that requires urgent intervention. It is however anticipated that the older persons in the future will have an improved education because of increased school enrolment rates for young people. In this regard, women are also projected to be as educated as men. This is further elaborated on in Chapter Three as the educational status of South Africa's older persons is studied.

In conclusion, Chapters Two, Three and Four build upon each other and progressively enhance the understanding of the demographic implications of population ageing, the status of older persons, the issues and challenges they face, and the efforts that are made, globally and within South Africa to respond to an ageing population.

Chapter Three: Social Profile of South Africa's Older Persons

3.1 Introduction

The previous chapter provided an extensive context of the United Nations projections of older persons in respect of the developed and developing countries. This afforded the reader with a concise examination of the array of indicators that is anticipated to contour the demographic profile of populations in the different regions.

Whilst this is crucial to obtaining a global perspective, it is necessary to focus on South Africa given that this is central to the research. Therefore, this chapter takes its direction from the previous chapter and follows a similar form. The projections of South Africa's older population are informed primarily by the work of the United Nations and this is compared to Africa in a manner that seeks to contextualize South Africa in relation to the continent. Furthermore, reference is made to the census of 1996 and 2001 as well as the mid year population estimates of 2011 made available in South Africa with a focus on older persons, another matter that is central to the research.

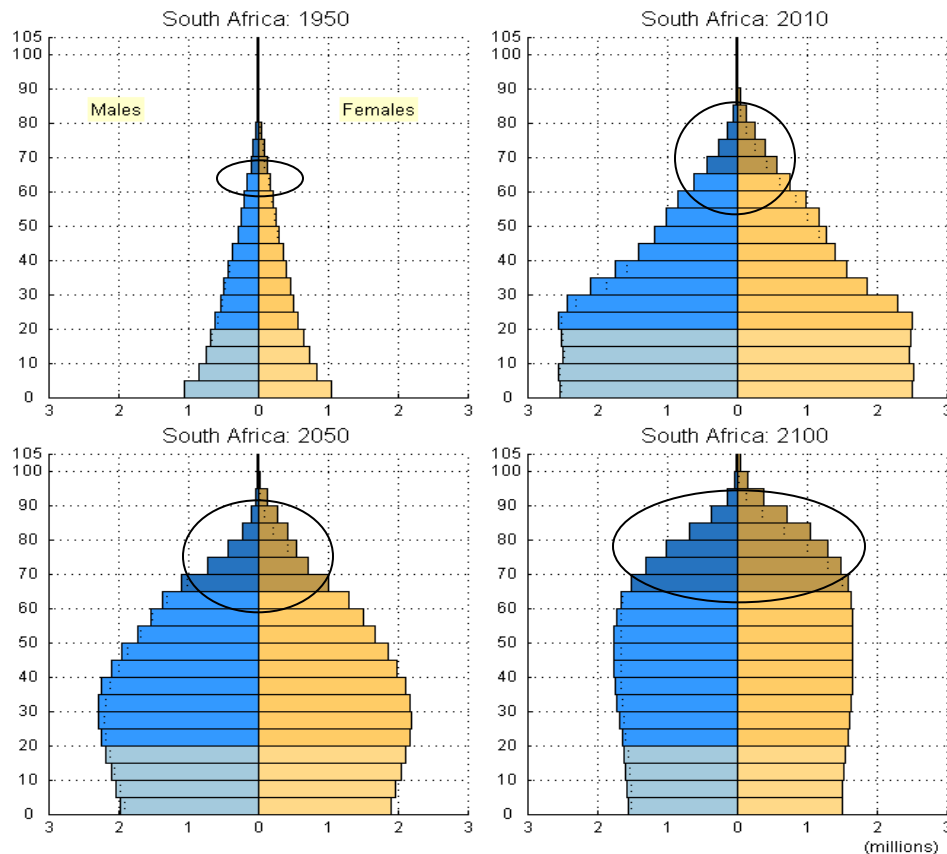
The primary aim of the study is to compare the understanding of government officials and NGO's regarding the policy and programme implications of population ageing for older persons. In this regard, based on the research objectives of government officials and NGO's being able to identify the matters of concern for older persons, this chapter provides a national country context of the five public policy population indicators and a local provincial context of the social profile of South Africa's older persons.

The chapter is structured into four sections. Section 3.2 reviews population projections for South Africa, section 3.3 provides statistics of South Africa's older persons in respect of their educational levels, access to housing and basic service and their household characteristics. It also discusses the contemporary issues affecting South Africa's older population in relation to poverty, income and economic activity, health, abuse of older persons, food security and provides a gender analysis. Section 3.4 provides a general analysis of the sustainable livelihood of older persons and section 3.5 provides a concise summary of the chapter.

3.2 Population projections for South Africa

The figure below graphically displays the population projections for South Africa for the period 1950-2100.

Figure 4: Population pyramid-South Africa, 1950-2100



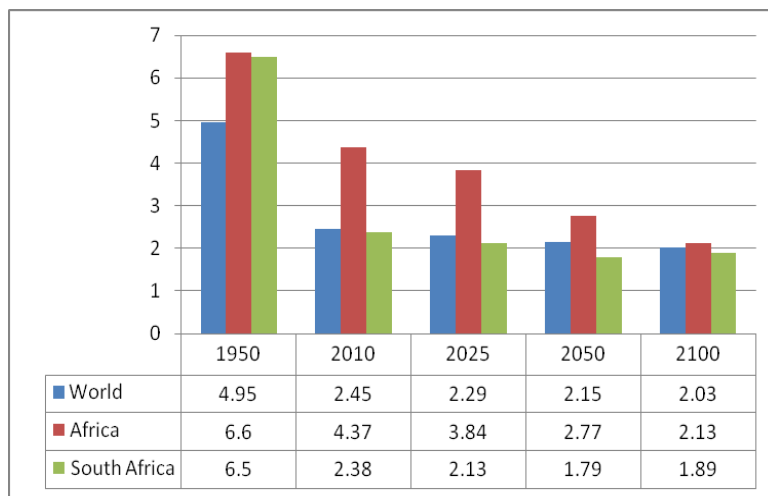
Source: United Nations 2011, 2010 Revision of World Population Prospects

As evident from figure 4, the population age structure changes significantly between each time period from the previous one. There are fewer older people than younger people in 2010 but the share of older persons begins to grow for the period 2050 and 2100 where the share of older persons is comparable to that of the age groups under the age of 20 years.

The growth for the population of older persons in 2010-2015 will be 3.3 percent for the 60 years and above age groups and 4.1 percent for the 80 year and above age group. This resonates with the profile for the world as discussed in Chapter 2.

3.2.1 Fertility Rate

Figure 5: Comparison of fertility rate for the period 1950-2100



Source: United Nations 2011, 2010 Revision of World Population Prospects

In figure 5, the fertility rate for the world, Africa and South Africa declines over the period 1950 to 2100. The fertility rate for South Africa was comparable with Africa in 1950 (6.5 and 6.6 respectively). Thereafter, in 2010, the fertility rate for South Africa reduced significantly from 6.5 to 2.38, which is slightly lower than the world fertility rate of 2.45.

Fertility in South Africa is projected to continue to drop in 2025 (2.13) and 2050 (1.79). This is then projected to increase in 2100 (1.89). Statistics South Africa (2011a) also demonstrate that for the period 2002 to 2011, fertility rates in South Africa dropped from 2.86 to 2.35 which is a 0.51 reduction in the number of children women are having.

The implication of women having fewer children does suggest that there will be diminished family support for older persons in the future, an issue identified in Chapter Two, section 2.4.1.1.

3.2.2 Mortality

According to the USBC (2011), infant mortality rates for South Africa are projected to decline from 42.67 in 2012 to 32.96 in 2025 and 18.68 in 2050 and under 5 mortality will also decrease from 63.82 in 2012 to 50.47 in 2025 and 28.8 in 2050.

This trend is further supported by Statistics South Africa (2011a) in that for the period 2002 to 2011, the infant mortality rate had decreased from 53.0 to 37.9, a 15.0 decline in the number of children that die within the first year of life.

3.2.3 Migration

According to the Global Commission on International Migration cited in the National Development Plan (South Africa 2011a: 82), international migrants comprise about 3 percent of the world population with an estimate for South Africa being approximately 2.7 percent.

The people that are likely to leave a country are individuals that have access to resources and who are skilled. The challenge with fully comprehending the movement of people is largely due to challenges with maintaining data (Van Zuydam 2010).

The National Development Plan (South Africa 2011a: 83) suggests if global trends on migration are to be applied to South Africa, there will be more “youth and women migrants”.

3.2.4 Life Expectancy

The Population and Research Bureau (2011) which does annual projections, approximates that life expectancy in South Africa for 2011 is 54 years for females and 53 years for males whereas Statistics South Africa (2011a) documents life expectancy to be 59.1 years for females and 54.9 years for males, a 5.1 year difference for females and 1.9 year difference for males for 2011.

According to the National Development Plan, life expectancy must be viewed in relation to the HIV and AIDs pandemic. The number of people with HIV and AIDS is projected to increase to 7.3 million in 2030. Life expectancy will reach 60 years by 2030 but if there are improved policies implemented, life expectancy can reach 70 years by 2030 (South Africa 2011: 81).

However, the implications of an increased life expectancy are that pension schemes both contributory and non-contributory will have to be provided for a longer period of time. The sustainability of this is a matter that South Africa will have to address. In addition, the fact that fewer children are born is reflected on the reduced family support that will become available to older persons in the future. The role of the state therefore is an important consideration for the care and support for older persons.

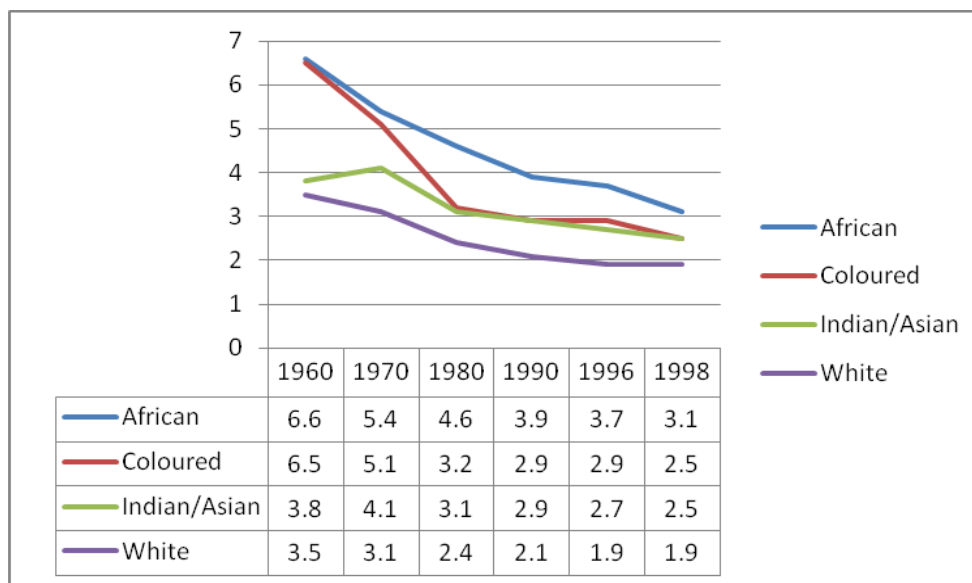
Consequently, in reviewing the fertility and mortality rate as well as life expectancy which are the indicators for the demographic determinants of population ageing as per the projections of

the PRB and StatsSA for South Africa, it is apparent that South Africa like countries in the developed and developing regions is undergoing a demographic transition which is marked by declining fertility and mortality as well as an increase in life expectancy.

This therefore does pose the question of “Where is South Africa in the demographic transition?” According to Oladele et al (2007: 10-11) in South Africa, there is evidence to demonstrate that the overall demographic transition may be underway. When this is reviewed for different segments of the population in respect of race, it is easier to be more certain.

The total fertility rate of the white population which was 1.9 children in 1998 “mirrors fertility trends in the more developed world, where the transition from high to low fertility has been completed” (Oladele et al 2007: 10-12).

Figure 6: Fertility trends in South Africa, by race 1960 to 1998



Source: Revised version of paper, originally prepared for the Youth Round Table, HSRC, Pretoria, 19 August 2007; prepared by Oladele O. Arowolo & I. Ikamungoma-Dada

According to figure 6, the fertility trends for the Indian/ Asian and the coloured population are similar with total fertility rates declining for the period 1960 to 1998. The fertility rate for the Indian/Asian population group declined from 3.8 children per woman in 1960 to 2.9 children per woman in 1990 and to 2.5 children per woman in 1998. The fertility rate for the coloured population group declined from 6.5 children per woman in 1960 to 2.9 children per woman in

1990 and 2.5 women per children in 1998. These race groups are considered to have almost completed their fertility transition.

Nonetheless, among the black African population (which is the majority), the total fertility rate was 6.6 children per woman in 1960, and this declined but at a much slower rate than for the other race groups to 4.0 children per woman in 1990 and finally 3.1 children per woman in 1998. In respect of the non-urban African population, the total fertility rate was 4.0 in 1998.

These statistics represent an imbalanced demographic occurrence among the racial groups in South Africa with the implication that “government would have to adopt slightly different strategies to tap the dividend of the demographic transition in the population” (Oladele et al 2007: 10-12).

3.2.5 Changing balance in the age groups

The changing balance of the age groups demonstrates that there is a projected decline in the cohort 0-14 years in the period from 1975 to 2050 whilst increases are seen in both the 15-59 years and 60⁺ year groups (United Nations 2011).

3.2.5.1 The Total Dependency Ratio

According to the United Nations (2011), the total dependency ratio for South Africa is declining from 1950 to 2050 and this is influenced by the declining youth dependency ratio from 66.7 in 1975 to 35.4 in 2050 and the increase in the old age dependency ratio from 6.2 in 1975 to 14.9 in 2050. This projection corresponds with the global projections.

3.2.5.1.1 *The Parent Support and Potential support ratio*

The parent support ratio steadily increases from 0.9 in 1950 to 4.4 in 2025 and almost doubles to 8.6 in 2050. On the other hand, the potential support ratio decreases to 3.8 in 2050. This means that from 5 people in the working ages per each person 65 years or older, this has dropped below to approximately 4 people (United Nations 2002b: 32).

These indicators of the changing in the balance between the age groups imply that there must be consideration given to the way resources are allocated in the future.

3.2.6 Magnitude and Speed of population ageing

With reference to the speed of population ageing, it is important to comprehend the rate at which the population is ageing. The speed of population ageing has extreme consequences for the structural implications for societies in terms of its social, economic and political circumstances and this can generate difficulties for such institutions to change to accommodate the implications of population ageing.

According to the report by the United Nations (2002b:11-14), Africa's percentage of their older population is projected to grow from 6.3 percent in 2025 to 10.2 in 2050. South Africa's percentage of older population in the 60+ category is projected to be 10.6 percent in 2025 and this grows by 3.1 percent to 13.7 percent in 2050. It is apparent that South Africa's percentage of older persons is higher than that of Africa.

3.2.7 Demographic Profile of Older Population

In terms of the demographic profile of the older population, older persons are also living longer and thus are ageing. Life expectancy at birth increases for both Africa and South Africa for the period 2025 and 2050. The life expectancy rate is more comparable for the projections of 2050 between Africa and South Africa namely 69.5 and 66.4 years respectively.

In comparing the growth rate in South Africa for the different percentages in older ages for the period 2025 to 2050, it is evident that there is a growth of 29.2 percent for the 60+ age group from 10.6 to 13.7, a 37.5 percent growth for the 65+ age group from 7.2 to 9.9 and a 100 percent growth for the 80+ age group from 1.3 to 2.6. Therefore, this supports the notion that the fastest growing age group are those aged 80+ (United Nations 2011).

3.2.8 Socio-Economic Characteristics

The indicators that are used to determine the socio-economic characteristics that affect the wellbeing of older persons include labour force participation and levels of illiteracy.

In respect of the labour force participation rates, the rates decreased in terms of the projections for the period 2025 to 2050 for both Africa and South Africa (United Nations 2002b: 417). In comparison between Africa and South Africa, the rate of participation in South Africa is more than 50 percent lower than that for Africa. The possible reason for this probably due to the fact that South Africa provides a non-contributory social assistance benefit (to be further elaborated

on in Chapter 4) for its older persons as a means of social protection as compared to most countries in Africa that do not provide such a benefit.

The gender dimensions of labour force participation is very notable in that the participation rates for females is much lower than that for males in comparison between Africa and South Africa. In Africa, the rate is almost 50 times less between the males and females and in South Africa; the rate for males is five times more than that for females.

The illiteracy rates generally decrease for the period 2025 and 2050. The illiteracy rates for females and males decreased for the period 2025 to 2050, however, the rate of illiteracy for females is higher than that of males (UN 2002b: 418).

3.3 Statistics of South Africa's Older Persons

This section focuses principally on the status of South Africa's older population as per an analysis of the Census data from the Department of Statistics South Africa (StatsSA) for the periods 1996 and 2001, the mid -year population estimates 2011 and the social profile of vulnerable groups in South Africa 2002-2010. StatsSA is South Africa's national statistical organization that operates within the provisions of the Statistics Act, No 6 of 1999. The mission of StatsSA is "to provide a relevant and accurate body of statistics to inform users on the dynamics of the economy and society through the application of internationally acclaimed practices" (StatsSA 2012).

Statistics on South Africa's population is collected based on a number of defined indicators. The last formal statistics was completed in 2001 and the next census has been completed in 2011 although the results will only be published later in 2012. However, there are annual updates in terms of mid-term population estimates that are published by StatsSA. The cohort-component methodology is used to estimate the mid-year population of South Africa.

The objective of this section is to provide the reader with a synopsis of the profile of South Africa's older population in order to facilitate an improved understanding of who these older persons are and under what circumstances they live in order to further support the research objectives.

Prior to providing this profile, it is necessary to present a brief overview of South Africa. South Africa, as popularly understood is a country that emerged from a system of apartheid to

democracy in 1994. The system of apartheid which influenced the social, economic and political spheres of South Africa was characterized by racial discrimination and segregation that prevented non whites from accessing the same services and opportunities afforded to whites.

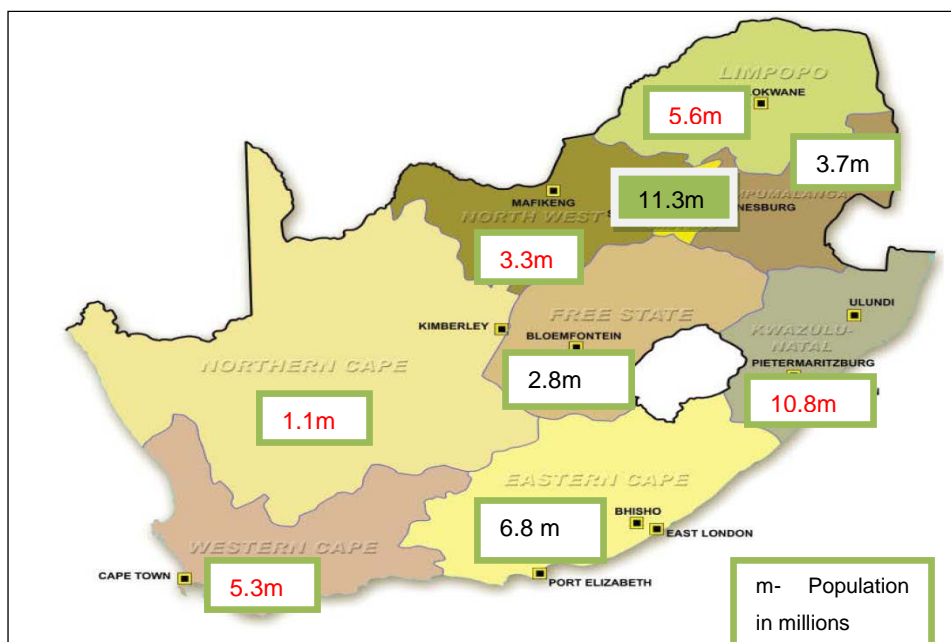
In this regard, it must be understood that non whites were deprived of education opportunities and jobs that were reserved for whites. Furthermore, non white males were primarily employed as labourers on farms and in the mining sector. Women worked as domestic workers. These jobs did not provide for social security mechanisms that would allow them to have income security when they were older.

South Africa's older persons of today grew up in the apartheid era and thus were subjected to the laws and policies that governed the country during that time.

Therefore, the profile of South Africa's older population must be contextualized within the historical, social and political circumstances that they experienced which shaped their future and thus the circumstances that have defined the status for the majority of older persons today.

The map of South Africa is presented in figure 7 below.

Figure 7: Map of South Africa



Source: Statistics South Africa 2011

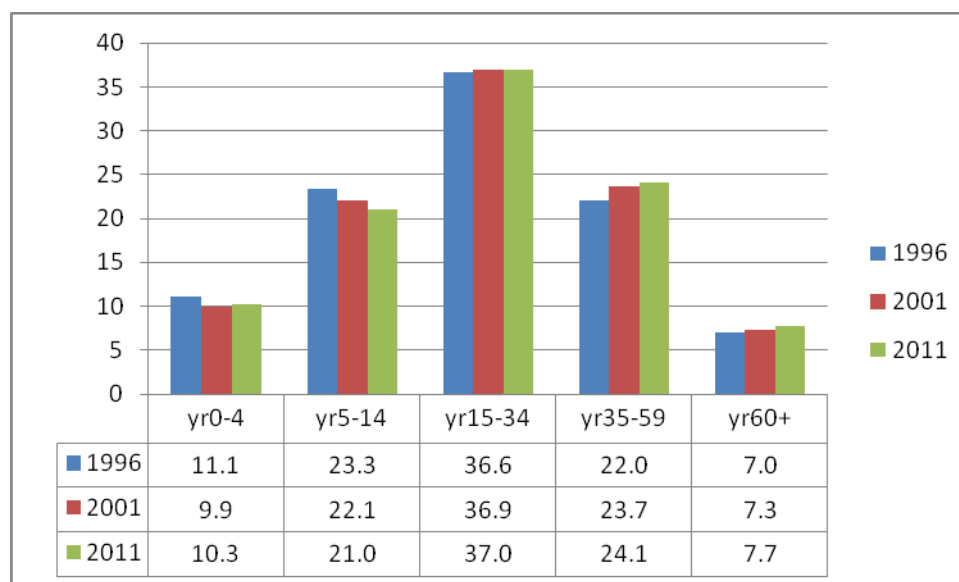
South Africa is a country that is situated in the south of the African continent and is defined by the United Nations as a developing region. It is divided into nine provinces namely, Western Cape (WC) with a population of 5.3 million people, Northern Cape (NC), 1.1 million people, Eastern Cape (EC), 6.8 million people, KwaZulu Natal (KZN), 10.8 million people, Free State (FS), 2.8 million people, North West (NW), 3.3 million people, Mpumalanga (MP), 3.7 million people, Gauteng (GP) 11.3 million and Limpopo (LP), 5.6 million people. Therefore, South Africa has a total population of 50.6 million people (StatsSA 2011a).

3.3.1 Status of Older Persons

The analysis that follows is prepared for the category 60+ year old age groups. This is completed by extrapolating the data for the age group 60+ from applicable data sets and graphically representing this in tables and figures for easier reference to elucidate the data. The examination of older persons is organised within the components of demographics, education, access to services; and household profiles.

3.3.1.1 Demographic profile of South Africa's older persons

Figure 8: Distribution of individuals by age- census 1996, 2001 and mid -year population estimates 2011



Source: Census 1996 and 2001, Mid-year population estimates, South Africa, 2011, P03022011

The highest proportion of South Africa's population falls within the age group of 15-34 years (36.6 percent in 1996, 36.9 in 2001 and 37.0 in 2011) followed by the age group 35-59 years as referenced in figure 8. The older person's population comprised 7.3 percent of South Africa's

population in 2001. According to the mid- term population estimates 2011, this has increased to 7.7 percent. This is further projected to increase to 10.6 percent by 2025 and to 13.7 percent in 2050 (UN 2002b: 419). However, this figure is likely to be higher than the UN projection because in 2000, the UN projected the 60+ age group at 5.7 percent yet according to the census done in 2001, the population was already at 7.3 percent which is a difference of 1.6 percent under-projection.

PRB (2011) estimates the total population for South Africa to be 50.46 million with 30 percent of the population being under the age of 15 years and 5 percent being above the age of 65 years for 2011. Statistics South Africa (StatsSA 2011a) estimates the total population for South Africa to be 50.59 million with 31 percent of the population being under the age of 15 years and 5 percent being above the age of 65 years for 2011.

Table 2: South Africa: Percentage growth by five year age groups-Census 1996, 2001 and Mid -Year Population Estimates 2011

Age	1996	2001	2011	Percentage growth
60-64	890536	1065294	1351303	51.74
65-69	758887	787927	988699	30.28
70-74	482163	631469	715115	48.31
75-79	377428	367537	460975	22.14
80+	316187	428278	374166	18.34

Source: Census 1996 and 2001, Mid-year population estimates, South Africa, 2011, P03022011

The most notable percentage growth in comparison between census 1996 and the mid-year population estimates 2011, which spans a period of 15 years, is evidenced in the age group of 60-64 years (51.74 percent) followed by the 70-74years (48.31 percent), 65-69 years (30.28 percent) and finally, 80+ (18.34 percent). Therefore, within a span of 15 years, the 60-64 year old age cohort increased by almost 50 percent and this is an obvious indication of the rapid speed within which population ageing is occurring in South Africa.

Table 3: South Africa: Number of individuals by age and gender

Age	Male	Female	Total	Percentage of Population
60-64	582801	768502	1351303	2.67
65-69	419152	569547	988699	1.95
70-74	289184	425931	715115	1.41
75-79	172858	288117	460975	0.91
80+	125028	249138	374166	0.74

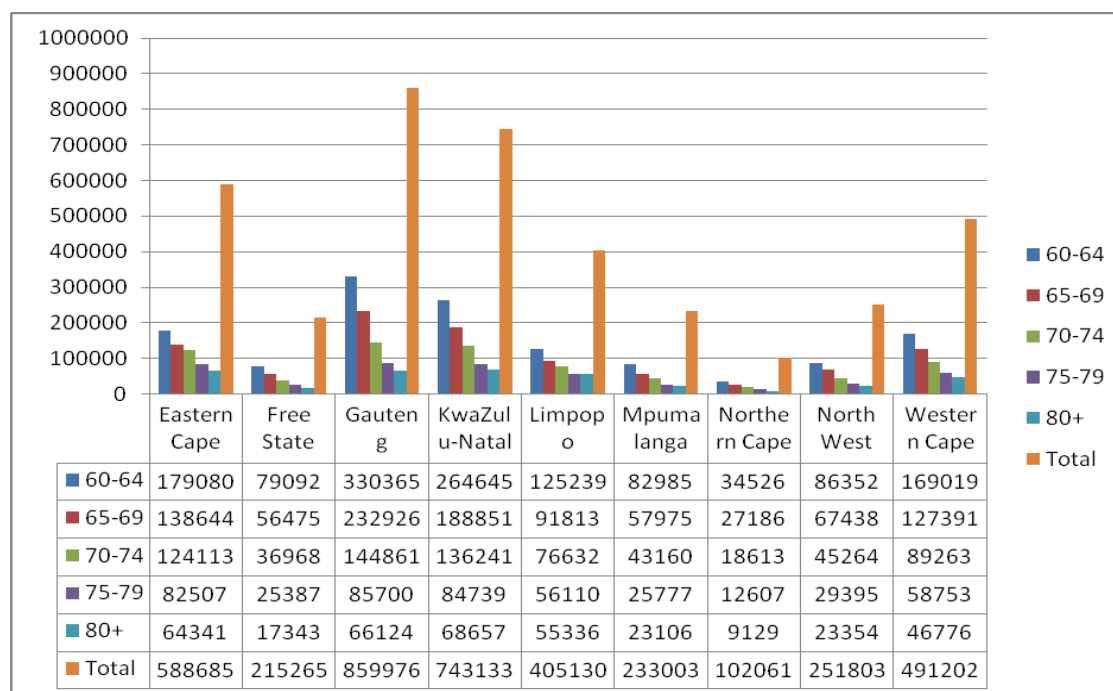
Source: Mid-year population estimates, South Africa, 2011, P03022011

In terms of the number of individuals by age and gender as reflected in Table 3, there are more females than there are males in all the age groups. Males comprise 41 percent of the share of older persons while women make up 59 percent of the ratio of older persons. The total number of older persons in South Africa as per the mid-year population estimates of 2011 is 3.89 million.

Given that women comprise more than 50 percent of the older population resonates well with concept that the issue of ageing is a fundamentally a gender issue and thus an important policy consideration.

Older persons in South Africa live in all nine provinces and it is essential to comprehend this distribution across the provinces.

Figure 9: South Africa: Total number of individuals aged 60+ within each province



Source: Mid-year population estimates, South Africa, 2011, P03022011

In terms of the provincial distribution as per figure 9, there is a similar age pattern apparent for all the provinces with the only difference between the provinces being the number of older persons. This pattern is reflective of the fact that as the five year interval of the age groups advance from 60 years to 80 years, the numbers of older persons decreases.

The province with the highest number of older persons is Gauteng (22 percent), followed by KwaZulu Natal (19 percent), Eastern Cape (15 percent), Western Cape (13 percent), Limpopo (10 percent), North West, Mpumalanga and Free State (6 percent) and finally the Northern Cape (3 percent).

Table 4: South Africa: Difference in Population estimates without and with the effect of HIV, Mid Year Population Estimates 2004

	Estimates without HIV			Estimates with HIV		
	Male	Female	Total	Male	Female	Total
60-64	484762	580411	1065173	475193	575222	1050415
65-69	332958	440019	772977	329787	437665	767452
70-74	207129	308941	516070	206198	308319	514517
75-79	117061	195673	312734	116808	195443	312251
80+	91686	176398	268084	91664	176377	268041
Total	1233596	1701442	2935038	1219650	1693026	2912676

Source: Mid-year population estimates, South Africa, 2004. P0302

According to Table 4 above, considering the older population estimates in respect of the effect of HIV, it is evident that there is difference between the population estimates without HIV and estimates considering HIV. This difference is 22362 in number which translates to 0.8 percent. Whilst it might seem insignificant in number in comparison of the effect of HIV for the total population in 2004 which was 9.9 percent, it is important to further comprehend what the potential causes are. According to the Human Sciences Research Council (2009), these causes are likely to be that the use of condoms is low in people aged over 50 years being under 40 percent for men and 26 percent for women in comparison with more than 50 percent in the younger age groups. Another possible reason for this is that whilst communication on HIV has increased from 47 percent in 2005 to 62 percent in 2008 for older persons, knowledge of HIV is low at 28 percent for men and 21 percent for women.

This has significant implications for older persons in respect of them understanding all issues pertaining to HIV infection so that they can prevent infections for themselves and their family members given that many older people live with their children and grandchildren.

3.3.1.2 Educational levels amongst Older Persons

The level of education is an important determinant of quality of life in old age because older persons need to be able to understand their rights, how to access services, as well as be able to provide care and support to their grandchildren that might be dependent on them.

There are slight improvements noted in respect of the literacy levels for older persons although older persons are less literate than the general population. According to Stats SA (2011b: 112), 43.3 percent of older males and 51.3 percent of older females are illiterate compared to 13.8

percent of males between the ages of 15-59 years and 14.4 percent of females between the ages of 15-59 years.

The gender dimensions in respect of education levels and the comparison between males and females is very interesting. The patterns in respect of education levels are exactly the same between the age groups. The fundamental difference however is that there are fewer males than there are females but despite that, males are better educated than females in all areas with the exception of primary education which is 5.8 percent for males and 7.0 percent for females (StatsSA 2011b: 112). The probable reasons for this are that women were not able to access educational opportunities in the same way males were due to the history of gender discrimination that was prevalent in many societies throughout the world during the period when older persons were teenagers and adults.

In respect of the racial comparison of levels of illiteracy, in 2010, 38.2 percent of black African older persons in contrast to 0.7 percent of white older persons never attended school. These figures are hardly comparable due to the large variances between the two which is evident of the racial disparities and the consequences of apartheid policies.

3.3.1.3 Housing and Basic services

This area will be discussed in respect of the type of dwelling, tenure status, and access to water, sanitation, refuse/waste removal, electricity, telephone and internet.

In respect of the type of dwelling, there are improvements noted for the period 2002 to 2010 with an increase from 75 percent to 81.1 percent of older persons living in formal structures (StatsSA 2011b: 114).

Table 5: Comparison of the basic living condition indicators for older persons and the total population, 2002-2010

Access to services indicator	Age cohorts	Year (Percentage)								
		2002	2003	2004	2005	2006	2007	2008	2009	2010
Tenure Status % elderly living in dwelling that are partially or fully owned										
	60+	85,5	88,7	87,1	88,7	90,0	88,1	90,9	84,6	86,7
	Population	79,1	81,6	80,4	82,0	81,4	79,1	82,4	74,8	76,8
Access to water % living in dwellings with piped water in house or yard										
	60+	63,7	64,4	63,5	66,4	68,4	69,6	69,2	68,4	70,4
	Population	62,1	62,7	63,1	64,3	66,1	67,0	67,2	66,4	68,0
Sanitation % living in dwellings with flush toilet with on or off site disposal										
	60+	52,3	52,6	52,5	55,1	56,7	57,5	58,2	58,4	60,9
	Population	48,6	49,6	49,5	51,0	52,0	53,0	53,6	53,9	57,7
Refuse/ Waste % living in dwellings with rubbish removed by municipality										
	60+	51,5	52,3	52,2	56,3	57,7	58,4	57,9	49,7	56,3
	Population	51,0	52,0	52,1	55,1	55,8	56,0	55,5	48,3	54,4
Electricity % living in dwellings with connected to mains										
	60+	76,6	78,0	80,5	83,9	84,3	85,7	85,0	87,0	89,0
	Population	74,3	76,2	78,7	79,4	80,1	81,7	82,1	82,9	84,9
Telephone % living in dwellings with landline or cellular phone in the dwelling										
	60+	50,3	51,2	58,3	68,8	72,0	77,0	79,0	85,0	89,0
	Population	45,6	48,4	57,2	69,2	74,6	80,3	82,8	88,3	92,1
Internet % living in dwellings with access to the internet										
	60+				6,7				10,1	11,7
	Population				5,0				7,8	9,3

Source: Statistics South Africa, Social Profile of vulnerable groups in South Africa, South Africa, 2011. Report No. 03-19-00

In respect of the tenure status which is considered dwellings that are “fully or partially owned,” (StatsSA 2011b: 114), there are greater numbers of older people that are residing in these households than the general population. This is an important indicator in the assessment of sustainable livelihoods of older persons as it relates to assets.

Furthermore, older persons are more likely to have access to piped water, basic sanitation and refuse removal than the general population. Stats SA considers refuse being taken away at least once a week as an indicator of environmental hygiene.

Improvements in electricity has steadily increased for the total population and older persons households for the period 2002 and 2010 from 74.3 percent and 76.6 percent in 2002 to 84.9 percent and 89.0 percent in 2010, with older person households being higher than that of the general population.

In 2010, older person households (11.7 percent) had better access to the internet than the general population (9.3 percent) but showed a slightly lower percentage for access to telephones at 89.0 percent compared to 92.1 percent for the general population.

3.3.1.4 Features of older persons households

Households headed by older persons have increased from 18.7 percent in 2002 to 20.5 percent in 2010. The province with the greatest percentage of households headed by older persons is Eastern Cape (27 percent) followed by Northern Cape (24 percent), North West (23 percent) and Western Cape (22 percent). This is in contrast to figure 9 which indicated that the greatest number of older persons is in Gauteng and KwaZulu Natal. This implies that whilst there are higher numbers of older persons in these provinces, fewer older people are heads of households.

Therefore, it is necessary to understand the living arrangements of older persons. According to StatsSA (2011b: 94-95), 36.0 percent of South Africans live in nuclear households defined as households that comprise “one of more parents and/or their children” and when other relatives are additional to these households, they are defined as extended households, comprising 56.3 percent.

In comparison, 29.1 percent of older persons live in nuclear households and 59.7 percent live in extended households. In respect of race, the majority of black African (74.3 percent), coloured (58.6 percent) and Indian/Asian older persons (52.0 percent) live in extended households compared to white older persons (22.7 percent). The majority of white older persons (60.2 percent) live in nuclear households followed by a significant number of Indian/Asian older persons (41.0 percent). A very small percentage of households that are called “complex” households defined as households that include non relatives are documented for older persons across the four racial groups (black African, 1.5 percent, coloured 5.7 percent, Indian/Asian 0.0 percent and white 1.6 percent). The highest percentages of older persons living alone are

recorded for white older persons (15.5 percent) compared to 7.7 percent black African, 7.0 percent Indian/Asian and 6.2 percent coloured.

Now that the living arrangements of older persons have been established, it is imperative to comprehend the composition of households headed by older persons. The profile of all households in South Africa are categorised as two generation households (38.3 percent) followed by single generation (36.5 percent) and three or more generations (16.2 percent).

In respect of the older persons grouping, of all the two generation households, older persons headed households comprise 20.4 percent, of all single generation households, older persons headed households make up 28 percent and of all three or more generation households, older person headed households comprise 35.3 percent. Therefore, the majority of households headed by older persons are households with three or more generations. Furthermore, in terms of race, the majority of black African (47.7 percent) and coloured (38.7 percent) older persons live in three and more generation households. The majority of Indian/Asian (46.5 percent) older persons live in two generation households while the majority of white older persons (68.1 percent) live in single generation households.

In households where older persons reside where they are not the head of the household, more than a third (33.5 percent) live in three or more generation households followed by 30.7 percent that live in single generation households and 18.6 percent in skip² generation households. According to StatsSA (1996 and 2001), in 1996 and 2001, a total of 50 percent and 49 percent of households headed by older persons can be found in the rural areas of South Africa respectively.

The average size of households in South Africa has been decreasing from 3.7 in 2002 to 3.5 in 2010 (StatsSA 2011b: 99). Households headed by older persons that include children have a higher mean size of 5, 9 persons per household in 2010. Older female headed households are more prone to have a higher share of children living in their households as opposed to older male households. This statistic is an obvious indication of the fact that older persons headed households are assuming huge responsibilities for the care of children.

² A skip generation household is defined as a household that has two generations with a generation that falls in the middle of the two generations being absent. E.g. Older persons and their grandchildren.

The marital status of older persons reflects that older males (76.5 percent) between the ages of 60-69 years are more likely to be married or living together than females (46.9 percent) of the same age group. This number becomes less as older persons enter the older age groups between the ages of 70-79 years which is 74.9 percent males and 24.4 percent for females.

The percentage of older women between the ages of 60-69 years and 70-79 years that are divorced, widowed or separated are documented at 44.5 percent and 68.6 percent respectively. It is evident that as women get older, they are more prone to being without a partner. This is in direct contrast to males as only 16.4 percent and 23.0 percent of older males are likely to be divorced, widowed or separated in the age groups 60-69 years and 70-79 years respectively. Therefore, older persons and especially older women have a myriad of challenges to overcome on their own, notwithstanding managing grief due to the loss of a spouse or partner.

3.3.1.5 Poverty, Income and Economic Activity

According to PRB (2011), 43 percent of South Africans live below \$2 per day. There is no official poverty line in South Africa and StatsSA (2011b: 100) have used R570 per month in 2010 as a measure to determine low income households. In the sustainable livelihood approach, understanding older persons status in respect of these economic measures is important.

The findings from StatsSA (2011b: 102) reveal that older females are more likely to live in low income households except for Indians/Asians and Whites. More than half (54.8 percent) of black Africans reside in low income households in contrast to 24.8 percent coloureds, 19.9 percent Indians/Asians and 2.8 percent whites. In terms of the provincial dimension, older persons residing in Limpopo, followed by KwaZulu Natal and Eastern Cape are more prone to living in low income households than older persons in Western Cape and Gauteng that have the smallest ratios.

In respect of the percentage of households that are headed by older persons with a per capita income of less than R570 per month, the statistics reveal that female headed households are in a disadvantaged position as compared to male headed households in the same group. Furthermore, older black Africans who head households are more deprived than households headed by any other older person in the other race groups.

The main sources of income for households headed by older persons in 2010 was pensions and grants (65.0) percent followed by salaries and/or wages 25.2 percent. Other sources include other non-farm income (6.3) percent, remittances (3.1) percent and 0.1 percent indicated that they receive no income.

Social grants are an important source of income for the majority of older persons. The contribution of social grants toward poverty alleviation has been evidenced in a study conducted by the DSD (2004: 2) where it is indicated that the old age grant has a “positive effect in terms of broadly reducing household poverty as well as improving health and nutrition.”

In terms of economic activity, the majority of older persons have turned out to be economically inactive. As older persons become older, they become more economically inactive and the rates are higher for females than it is for males.

3.3.1.6 Health

Older person in South Africa who are recipients of the state old age grant, receive free primary and secondary health care at public hospitals. In 2010, there was an increase in chronic illnesses being recorded as people get older from 10 percent for people in the age group 18-49 years, 38.4 percent in the age group 50-59 years, 49.2 percent in the 60-69 year age group and 57.2 percent in the 70 year and above age group (StatsSA 2011b: 105).

Furthermore, according to the census conducted by StatsSA (1996), the most common disability among the older population is loss of sight (47.1 percent), followed by physical disabilities (20. 4 percent), hearing impairment (14, 3 percent), multiple disabilities (10. 5 percent) and mental disability (2. 9 percent).

However, the World Health organisation (WHO) indicated that non communicable diseases become the biggest threat to individuals as they age which is expensive to maintain for the individual. To a large extent, these diseases can be prevented and huge costs could be saved therefore, it is logical to assume that an investment in preventative programmes will result in savings as a return on the investment. The major chronic conditions affecting older persons world-wide affect women and men equally although there is a higher prevalence of women reporting musculoskeletal conditions than men. According to WHO (1998: 16) an agenda for health matters for older persons should include care and management in respect of the following chronic conditions as listed in Table 6.

Table 6: Major chronic conditions affecting older persons worldwide

List of Chronic Conditions
Cardiovascular diseases
Hypertension
Stroke
Diabetes
Cancer
Chronic obstructive pulmonary disease
Musculoskeletal conditions such as arthritis and osteoporosis
Mental health conditions mostly dementia and depression
Blindness and visual impairment

Source: World Health Organisation, 1998

In respect of access to medical aid, in South Africa, males are a little better off with 24.5 percent having access to medical aid compared to 21.5 percent of females. The percentage of older persons with access to medical aid for the period 2002-2010 reveals the racial disparity that is prevalent in that of the total population of 22.8 percent older persons who have access to medical aid, this statistic constitutes 70 percent whites followed by 32 percent Indians/Asians, 15 percent coloured and only 5.4 percent black African (StatsSA 2011b: 106).

The types of health care facilities visited by older persons indicate that the majority of whites (88.2 percent) and Indians/Asians (65.6 percent) would use a private doctor/clinic/hospital to 37 percent coloured and 17.3 percent black Africans. The majority of black Africans would use a public clinic (72.2 percent) followed by coloureds (47.1 percent) compared to 17.7 percent whites and 17.7 percent Indians/Asians (StatsSA 2011b: 107).

In the National Treasury Budget Review (2010: 112- 122), challenges in the public health system are articulated to include poor infrastructure, weak hospital management and the lack of critical resources including skilled health workers. Expenditure on health amounted to R98 billion in 2009/10 and is projected to be R104.6 billion in 2010/11 which amounts to 4 percent of the GDP and 14 percent of the main budget. There are 40 million South African's who rely on public health systems and the hospital and clinic visits linked to HIV and AIDS treatment and care is approximately 30 million a year.

In the National Treasury Budget Review (2011b: 108), mentioned is made of addressing these challenges through the restructuring of public health care for an improved health care system.

The World Health Organisation also recognises the importance of health which goes beyond the provision of basic health services. In 2002, WHO introduced policies and programmes that advanced the concept of a life course approach and the concept of active ageing. The life course perspective is simply a view of ensuring that health remains a critical component throughout the life of an individual for improved health in old age. Active ageing is defined as “the process of optimising opportunities for health, participation, and security in order to enhance quality of life as people age” (Kalache 2007: 31). Therefore, individuals can influence their health condition largely through adopting good practises that promote a healthy lifestyle. The WHO active Ageing Policy Framework emerged as a guiding document to policymakers, governments and civil society organisations for implementation. WHO views population ageing as one of “humanity’s greatest triumphs-and one of our greatest challenges” (Kalache 2007: 34).

Apt (2007: 187) is of the view that health and ageing in Africa is marred with many social ills that contribute to the poor health status of older persons ranging from the reduced worth of traditional social welfare systems, the impact of HIV and AIDS on older persons as providers of care, the rapid rates of urbanisation where young people leave the rural areas in pursuit of better opportunities which also results in the changing balance of the age structures, the general lack of social protection schemes which place immense burden on older persons to remain active in the labour market to provide for their income in old age and the gender dimensions that place older women in an unfavourable position as compared to older men in respect increased rates of poverty, low education and skills levels.

3.3.1.7 Abuse of Older Persons

In South Africa, the then Minister of Social Development, Dr Zola Skewyiya highlighted the issues of abuse of older persons when he established the Ministerial Committee on the abuse, neglect and ill-treatment of older persons in 2001. The findings of this committee amongst others were that older persons were experiencing various forms of abuse, namely, physical, sexual, financial/ economic (through pensions being taken away from them) and witchcraft killings. As a mechanism to prevent older abuse, the issue of abuse was placed in the Older Persons Act, No 13 of 2006. In section 30(3), abuse " includes physical, sexual, psychological

and economic abuse and (a) "physical abuse" means any act or threat of physical violence towards an older person; (b) "sexual abuse" means any conduct that violates the sexual integrity of an older person; (c) "psychological abuse" means any pattern of degrading or humiliating conduct towards an older person, including— (i) repeated insults, ridicule or name calling; (ii) repeated threats to cause emotional pain; and (iii) repeated invasion of an older person's privacy, liberty, integrity or security; and (d) economic abuse" means— (i) the deprivation of economic and financial resources to which an older person is entitled under any law; (ii) the unreasonable deprivation of economic and financial resources which the older person requires out of necessity; or (iii) the disposal of household effects or other property that belongs to the older person without the older person's consent.

According to Pat Lindgren (2012), the Director of the Halt Elder Abuse line (HEAL) which is an NGO situated in Cape Town, the incidence of reporting on older abuse has increased over the past five years. The reasons that she indicated for this is due to there being increased awareness about what constitutes abuse and older persons are more aware of their human rights. However she mentioned that "the more vulnerable older persons are, the less able they are to report abuse."

The two major types of abuse that are reported to HEAL are financial abuse followed by physical abuse. In respect of financial abuse, she mentioned that there seems to be a correlation between drug and alcohol abuse because the money of older persons is taken away by family members who are abusing drugs and alcohol or their possessions are being sold. In terms of physical abuse, there is also some relation between this and the abuse of alcohol and drugs of family members. In her opinion, she feels that the abuse of older persons would be higher in areas where there is a higher prevalence of drug and alcohol abuse. She recommends that more research into this area should be done to determine the extent of abuse and its causes.

3.3.1.8 Food Security

Low income female headed households with many dependants are considered most vulnerable to livelihood shocks and risks. StatsSA (2011b: 108) use "hunger as a proxy for inadequate food intake." There is a decline in the percentage of older persons living in households that reported hunger for the period 2002-2010 from 24.8 percent to 10.8 percent. In 2010, the proportion of older females (11.5 percent) living in households that reported hunger is higher than that of

males (9.8 percent). Black African older persons (15.3 percent) are more affected than coloureds (9.3 percent), Indians/Asians (3.0 percent) and whites (0.6 percent).

In respect of the provincial distribution of food insecure older persons, older persons in Northern Cape (22.8 percent), followed by the North West (18.3 percent), KwaZulu Natal (15.9 percent) and Eastern Cape (15.7 percent) are more likely to be in households that reported hunger compared to Gauteng (4.4 percent) and Limpopo (5.0 percent) which are considered the least food insecure older persons households.

Female headed households with a higher share of children are the most vulnerable to hunger compared to other male headed households. Furthermore, households with a higher ratio of older persons are less likely to report hunger than households where there are fewer older persons. This is probably due to the higher per capita income in these households due to the value of the state old age pension when combined. This is supported in that in comparison to South Africa, older persons are less likely to report hunger than the general population.

In 2010, older persons (33.2 percent) were generally more prone to engage in agricultural activities than the general population (22.0 percent). The percentages between males (32.9 percent) and females (33.5 percent) are almost similar with females being slightly higher. The provinces where these agricultural activities take place are in Limpopo 54.1 percent, followed by Eastern Cape 34.3 percent, Mpumalanga 32.4 percent and KwaZulu Natal, 25.6 percent. This resonates with the earlier statement that older persons are least likely to experience hunger in Limpopo and Eastern Cape probably due to the agricultural activities that they engage in and this is an important consideration in the sustainable livelihood framework of older persons.

3.3.1.9 Gender Analysis

Based on the above literature, there are a number of observations in terms of a gender analysis that can be made which provides discerning information for planning, policy and service considerations in respect of older persons.

- There are more older women than men.
- Older women live longer than older men.
- The rate of labour force participation is lower for females than for males.

- The rate of illiteracy is higher for females than males.
- There are an increased number of black African women than women in the other race groups in South Africa.
- Older female headed households are more likely to have higher average household sizes and more children living with them than older male households.
- Older women tend to be divorced widowed or separated compared to older males.
- Older female headed households are more likely to be low income households than older male headed households.
- Female headed households are considered more vulnerable to hunger and livelihood shocks.
- Older women tend to have less access to medical aid than males.
- More older women than older men are economically inactive.
- More older women tend to engage in agricultural activities than men.

It is therefore apparent that older women are in a disadvantaged position compared to older men with significant challenges to surmount in their old age.

3.4 General analysis of the sustainable livelihood for older persons

The preceding sections of this chapter provide some context for reflection on the sustainable livelihoods framework (DSD 2009: 6-8) based on the circumstances of the majority of older persons. This analysis is a more general perspective based on the information that is contained in this chapter and other elements within the framework will be discussed in Chapter Four.

With reference to the sustainable livelihood framework (DSD 2009: 7), the information contained in this chapter provide some information on only two areas of the framework, namely, assets and the vulnerability context. In terms of the vulnerability context and shocks that older persons could potentially be exposed to, these include issues relate to their human health as chronic illnesses increase as people get older, increased risk of disability and abuse (physical, financial, psychological). Other shocks could be the death of a spouse or children as well as the migration of a child leaving grandchildren in the care of an older person. Poor crop health is another area

especially for those older persons who engage in agricultural activities. In respect of livelihood assets and specifically human assets, older persons possess indigenous knowledge and skills as well experience in number of areas, particularly in providing care. There is not sufficient information on the natural assets of older persons but the assumption that can be made is that those older persons particularly in the provinces of Limpopo and Eastern Cape that engage in agricultural activities do have access to some land. In terms of the financial assets of older persons, the dominate source of income for older persons is the state old age grant followed by salaries and wages, other non- farm income and remittances and finally, in respect of physical assets, as stated in section 3.3.1.3, tenure status for older persons is increasing. However, it must be stated that in instances, this might not necessarily be the asset of the older person. The other areas of the framework, namely policies, opportunities, social assets and envisaged outcomes for older persons will be discussed in Chapter Four.

3.5 Summary and Conclusions

This chapter supports the objective of the study by providing an important country situation in respect of the matters that must be considered within the context of population ageing and its implications for older persons. Further, it specifically provides some answers to the one of the critical questions raised about what the possible implications of population ageing are for older persons in South Africa.

As evidenced, South Africa is no different to the rest of the world and the projections of declining fertility and mortality rates as well as an increase in life expectancy is comparable to the world and Africa although the numbers are different. In addition to this, South Africa is also projected to experience a changing balance in the age groups where the number of older persons and children are projected to be almost the same by 2050.

There is a decrease in the rates of labour participation and the rate of participation for South Africa is 50 percent lower when compared to Africa probably due to the South African social assistance programme. The issue of HIV and AIDS is an important issue for older persons that require attention. The province with the highest share of older persons is residing in Gauteng followed by KwaZulu Natal and Eastern Cape. The level of education is an important for reasons that have already been stated and older persons are less literate than the general population. Additionally, 38.2 percent of black African older persons in contrast to 0.7 percent of

white older persons never attended school and older women, especially black older women are less literate than men.

In respect of access to housing and basic service (StatsSA 2011b: 114-115), there are improvements noted for older persons in terms of living in formal structures, tenure status, having access to piped water, basic sanitation, refuse removal, electricity and internet access than the general population.

Households headed by older persons have increased and the majority of black African older persons live in three generation households while the majority of white older persons live in nuclear households. The highest percentages of older persons living alone are recorded for white older persons. Children are more likely to reside in households that are headed by female older persons as opposed to older male headed households and female headed households are more likely to be found in low income households which are identified in the provinces of Limpopo, followed by KwaZulu Natal and Eastern Cape.

The two main sources of income for both male and female older persons in 2010 are grants and pensions (65.0) percent followed by salaries and/or wages (25.2) percent. The majority of older persons are economically inactive. However, more older persons than the general population engage in agricultural activities and females participate more than males especially in the provinces of Limpopo and Eastern Cape. As people age, they are more likely to develop chronic illnesses. Males and whites have better access to medical aid than females and black Africans. In respect of food security, the households that older persons are residing in have reported a decrease in hunger but food insecure older persons households can be found in Northern Cape (22.8 percent), followed by the North West (18.3 percent) and KwaZulu Natal (15.9 percent).

In respect of a gender analysis of the social profile of older persons, older women are less educated than men, are heads of households that are bigger in size, reside in low income households, have households with more children, their households are more susceptible to hunger and they are more prone to spending their years in old age divorced, separated or widowed. With these statistics, the future does seem bleak for a large proportion of older women. Any agenda on ageing therefore must be biased to address the issues and support that older women require given their situation compared to older males.

As mentioned in Chapter One, the fundamental issue for engaging with this topic was to reflect on amongst others, the five public policy indicators that relate to an ageing population and within this context, to examine the implications of population ageing in responding to the problem statement of whether South Africa is preparing for an ageing society. Thus far, the following demographic indicators; demographic determinants of population ageing; the magnitude and speed of population ageing; changing balance between the age groups; demographic profile of older persons and the socio-economic characteristics of the older population was discussed in Chapter Two largely through a global lens and in Chapter Three, through a South African lens.

A summary of some of the key implications include:

- The implication of declining fertility is that women are having fewer children and therefore this does suggest that there will be diminished family support for older persons in the future. The role of the state therefore is an important consideration for the care and support for older persons.
- Life expectancy in South Africa is increasing and the implications of an increased life expectancy are that pension schemes both contributory and non-contributory will have to be provided for a longer period of time. The sustainability of this is a matter that South Africa will have to address.
- The changing in the balance between the age groups implies that there must be consideration given to the way resources are allocated in the future.
- The speed of population ageing has extreme consequences for the structural implications for societies in terms of its social, economic and political circumstances and this can generate difficulties for such institutions to change.
- Health and literacy among older persons is an important determinant of quality of life for older persons and there must be specialised programmes developed to assist older persons to prevent the onset of illnesses (including HIV and AIDS) and maintain healthier lifestyles as well as improve their levels of literacy.
- A programme and package of services targeting older persons headed households, especially in rural areas must be developed to ensure that these older persons are supported in the provision of care that they are responsible to provide to the members of their households, especially children.
- Opportunities for the continued participation of older persons must be created and explored to ensure that the experience and expertise of this group of people is

constructively used to advance the economic agenda of South Africa, specifically as it relates to job creation and skills development, where older persons could mentor the youth and thus provide a platform for skills transfer.

In a general consideration of the sustainable livelihoods of the majority of older persons based on issues discussed in this chapter that bears relevance to some of the elements contained in the DFID sustainable livelihood framework, older persons are vulnerable to different shocks, particularly in respect to their health (chronic illnesses, disability), abuse and the death of a spouse and or child or the migration of their children leaving behind grandchildren in their care. The assets that older persons possess are their indigenous knowledge and skills, their experience particularly in childcare and some older persons may have access to land (particularly those engaged in agricultural activities). In terms of financial assets, their critical sources of income are the state old age pension.

Due to these implications of population ageing which is evidenced in Chapter Two and Three, it is necessary to reflect on both the International and South African contexts of policy and legislation that are in place or needs to be in place to address the implications listed above in respect of an ageing population. For this reason, Chapter Four documents what the international community through efforts of the United Nations has considered to be important elements that countries should adopt for their older persons and this discussion is extended to reflect on South Africa's position in this regard.

Chapter Five then provides details of the methodology employed to address the primary aim of the study which is to explore and compare the understanding between government officials and non governmental organizations (NGO's) within the ambit of the Department of Social Development regarding the policy and programme implications of population ageing for older persons. Chapter Six discusses the results of the study and Chapter Seven provides a summary of the dissertation and proposes some recommendations.

Chapter 4: Older Persons Policies and Legislation: International and South African context.

4.1 Introduction

This Chapter reviews the concept of social development as well as international, regional and national policies, legislation and programmes that have become available for older persons. Furthermore, there is an expansion in respect of the South African landscape as it relates to policies and programmes for older persons. It also looks at an analysis of the frameworks used in respect of plans of action and policies that relate to older persons.

The chapter is concentrated on what the Department of Social Development has done for South Africa's older population.

There are two main programmes that the Department of Social Development has focussed on in respect of its older population which are largely developmental social welfare and social protection programmes.

The chapter is structured into nine sections. Section 4.2 reflects on an understanding of the concept of Social Development, section 4.3 provides an international context on the older persons programme, section 4.4 reviews the African regional framework, 4.5 focuses on the South African framework for older persons and section 4.6 provides an analysis of all frameworks, section 4.7 deals with the South African legislation for older persons, section 4.8 focuses on DSD expenditure for the older persons programme, section 4.9 deepens the sustainable livelihood perspective for older persons and section 4.10 ends with summary of the chapter.

4.2 Understanding the concept of Social Development

The concept of social development is not defined consistently and there are various authors that articulate their interpretation of the concept. According to Lombard and du Preez (2004: 232-245), there are no clear conceptual frameworks for social development. Patel (2005: 2) defines developmental social welfare as a "pro-poor strategy promoting participation of the socially excluded in development activities to achieve social and economic justice, a partnership approach to social development, social solidarity and active citizenship."

Midgley (1995: 25) defines social development as “a process of planned social change designed to promote the wellbeing of the population as a whole in conjunction with a dynamic process of economic development.” This definition is also used by Lombard (2005) and Patel (2005).

Neilson (1996) cited in Gray (1997: 213) alternatively mentions that “social development draws on the descriptive, explanatory and normative theories. It has an interdisciplinary focus and requires planned inter-sectoral cooperation, yet emphasises grassroots participation. It is universal and inclusive but specifically targeted at the poorest and most disadvantaged. It is consensus based, uniting liberal, democratic and socialist ideologies. In short, social development attempts to be all things to all people.”

Meinert, Kohn and Strickler cited in Sullivan (1994: 100) mention that social development is “directed towards the release of human potential in order to eliminate social inequities.”

Gil (1999: 2) describes social development “as evenly shared, balanced progress of entire populations towards enhancement of the circumstances of living, the quality of life and the quality of human relations.” This definition does suggest that there should be elements of redistribution for this to be achieved.

In respect of linking the concept of social development to sustainability, Marais, Muthies, Jansen van Rensburg, Maaga, de Wet, and Coetzee, (2001: vi) explain that sustainable social development can be defined as “those processes through which the quality of life of a community can be improved in a sustainable way to the best possible level within the confines of increasing globalization. It is aimed at restoring disrupted relationships between individuals, groups and opposing communities, as well as the relationship between society and the resources accessible to them.”

Mbambo, cited in Gray (1997: 213) defines social development “as an approach to social welfare and a philosophical framework for welfare services.” The rest of the definition is exactly the same as the definition stated by Midgely (1995) mentioned above.

The Department of Social Development does not specifically define social development but attempts to do so in capturing its vision and mission statements which have been described in Chapter One. As a reminder, the vision of DSD is a “caring and integrated system of social services that facilitates human development and improves the quality of life” (DSD 2012: 08).

The mission of DSD is to “ensure the provision of comprehensive social services which protect the poor and vulnerable within the framework of the South African Constitution and subsequent legislation; create an enabling environment for sustainable development; and deliver integrated, sustainable, and quality services in partnership with all those committed to building a caring society” (DSD 2012: 08).

The framework of action that was agreed by the UN commission of Social Development in Copenhagen in 1995 included a commitment on social development. There was no official definition generated but rather the focus was on goals and outcomes of social development. There is a list of twenty one commitments and this is summarised in respect of its focus issues including “placing people at the centre of development, ensuring equity among the generations, integrating economic, cultural and social policies, equitable distribution of resources, protection for vulnerable groups in society, empowerment of women, assert universality of social development, security for people and communities, support for indigenous people, achievement of a better life for older persons, voluntary repatriation of refugees and return of all prisoners of war” (UN 1995).

In an analysis of the above listed definitions as it relates to defining social development, the common themes that emerge are improvements in the quality of life for the entire population, human development, targeted to the poor and vulnerable, sustainable development, integrating economic and social policies, partnerships and security for people and communities.

The critique of social development is that there is an inherent implication of continuous progress that requires state intervention. Authors such as Herbert Spencer and Robert Nisbet, cited in Midgley (1997: 202-220) are of the view that societies would undergo a natural process of evolution toward higher levels of civilisation and that state intervention would encumber this process.

In contrast, Murtaza (1995: 57-65) mentions that states in developing nations have an obligation to intervene because much of what goes wrong is not due to the individual but the problem is due to “malfunctioning economic and government institutions, inappropriate national development policies, lack of control over their own natural resource base, and exploitation by international and national cities. Therefore, state intervention is reasonable.”

For social development to be effective, it requires a cooperative approach to ensure the fair and equitable distribution of all types of resources in a sustainable manner (Cetingok and Rogge 2006: 1-15).

In reviewing all these definitions, within the context of population ageing and older persons, it is evident that quality of life for the entire population and in particular, vulnerable groups is central to the concept of social development.

A quotation from the African Union policy framework and plan of action on ageing gives meaning to the social development concept of quality of life with reference to older persons which states, "Today's society has been built thanks to the efforts deployed by previous generations of people who should be guaranteed better living conditions for meaningful transition to old age. These guarantees include access to efficient health care services and specialised living environment, the right to retirement pension, active participation in leisure, sporting and cultural programmes, and lastly, the right to custody and company of their children and grandchildren" (AU 2002: 6).

The DSD accentuates three core functions that further give effect to the concept of social development namely the provision of comprehensive social security, developmental social welfare services and community development. The programme on older persons which will be further elaborated in subsequent sections is located within the function of developmental social welfare services.

Although DSD is silent on a proposed definition of social development, it is evident that it is on par with the common themes that have emerged in respect of a brief analysis of the definitions of social development recommended by the various authors and institutions mentioned above. This is so because inherent in both the mission and vision statements of DSD (listed above) are some of the themes of improvements in the quality of life, human development, targeted to the poor and vulnerable, sustainable development, and the mention of partnerships.

4.3 International Context to Older persons programmes

4.3.1 United Nations

South Africa is a member of the United Nations and therefore has participated in numerous international conferences and meetings in respect of advancing the issues of older persons. The functioning of the United Nations is such that for proposals to be adopted there must be consensus of its entire member states which requires a good measure of political will. This form of agreement unites the international community in respect of the attainment of common goals and objectives.

4.3.1.1 Vienna International Plan of Action on Ageing

The issue of older persons emerged at the Vienna International Plan of Action on ageing which was adopted at the first World Assembly on Ageing in 1982 in Vienna, Austria. The plan of action identified the following seven areas of concern for older persons namely; *protection of elderly consumers, health and nutrition, the family, income security and employment, education, housing and the environment and social welfare* (UN 1983: 22-44). The proposals from the Vienna plan of action was seen as particular actions in support of the United Nations principles for Older Persons, namely; independence, participation, care, self-fulfilment, and dignity. According to Aboderin (2005: 469-475), the Vienna plan of action was based on a “humanitarian” concern for older persons, underlined by principles of the modernisation theory postulations related to the notion that as older persons in developing countries become modernised, traditional forms of family support will diminish.

4.3.1.2 Copenhagen Declaration and Programme of Action

The Copenhagen Declaration and Programme of Action, which was developed at the World Summit for Social Development in 1995, coined the concept of a **society for all ages** which was advocated as an inclusive society where all individuals have a role to play (UN 1995).

4.3.1.3 International Year of Older Persons 1999

The year 1999 was declared the International Year of Older Persons (IYOP) by the United Nations and the report by the Secretary General, “Conceptual Framework for the Preparation and Observance of the International Year of Older Persons” stated that a society for all ages “would enable the generations to invest in one another and share in the fruits of that investment, guided by the twin principles of reciprocity and equity” (UN 1992). The conceptual framework

was divided into four components in order to achieve the objectives of a society for all ages, namely; *situation of older persons, lifelong individual development, multigenerational relationships and development as well as aging of populations.*

The United Nations General Assembly decided that the concept of a society for all ages should be incorporated into future plans of action on ageing which then gave effect to the Madrid Plan of Action on Ageing. The four components of the conceptual framework was reviewed and what emerged was the new three priority areas as contained in the Madrid International Plan of Action on Ageing (MIPAA) namely: *older persons and development, advancing health and well-being into old age and ensuring enabling and supportive environments* (UN 2002a: 6).

4.3.1.4 Madrid International Plan of Action on Ageing

The framework of MIPAA is the following:

Priority Areas 1: Older persons and development

This attempts to place older persons and development within a global context by ensuring that older persons are an integral part of the development agenda. The issues covered under this theme are discussed below (UN 2002a: 7-46).

- *Active participation in society and development*

The primary objective of this issue is to ensure that older persons are given opportunities to participate in the social, political, cultural and economic spheres of society. Moreover, their contributions must be recognised given the value that they add to society in respect of unpaid work with reference to taking care of children, maintaining households and volunteering in communities. Organisations representing older persons should be encouraged and they must be provided with the opportunity to make decisions on matters that concern them.

- *Work and the ageing labour force*

There must be recognition that life expectancy is increasing and as indicated in Chapter Two, therefore, mandatory retirement ages must be reviewed to allow for an ageing workforce that can still contribute to the economy. Prospects for employment must be created for older persons through both formal and informal practises. Older persons must be provided with self employment opportunities and have access to credit. Discriminatory recruitment and retention

practises must be discouraged and older persons should remain in employment for as long as they desire through the introduction of flexible employment policies.

- *Rural development, migration and urbanisation*

Due consideration must be given to older persons in rural areas and infrastructure and support systems must be established to support older persons in rural areas. Governments must assist older migrants through providing the necessary support and care to aid the process of integration of migrant older persons within the communities.

- *Access to knowledge, education and training*

Lifelong access and opportunities must be created for older persons as well targeting older persons for bringing them on board with technological advancements to close the gap between the generations. Older persons must be allowed to be trained and retrain in order to maintain relevant to the labour market. Older persons literacy must be encouraged and programmes must be designed to address this as education is an important determinant for improved quality of life. The lifelong experiences and knowledge of older persons must be recognised in order for them to make meaningful contributions in society.

- *Intergenerational Solidarity*

Intergenerational solidarity is important between the generations in order to provide and sustain systems of care, income security and protection. In the previous chapter, it has been stated that the dependency ratios are projected to increase which means that the working population will be required to support more older persons. As the demographic profile of countries change with an increasing share of older persons, there is a need for family support for older persons.

- *Eradication of Poverty*

Older persons must be included in poverty reduction programmes in order to enhance the quality of their lives.

- *Income security, social protection and poverty prevention*

Older persons must have adequate social protection in old age and this must be extended to include persons working in the formal and informal sector. This must include disability insurance and health benefits.

- *Emergency situations*

In terms of natural disasters and conflict, older persons must be protected and have access to food, shelter and medical care. The role of older persons in the process of reconstruction of communities must be highlighted and this should be encouraged following disasters.

Priority area 2: Advancing health and wellbeing into old age

Priority area 2 places the health of an individual as a central right and asset in old age which requires a concerted effort of a number of stakeholders.

- *Health promotion and wellbeing throughout life*

Health is a critical element in determining the quality of life. Older persons must have general access to health services to ensure improved health in old age. The health status of older persons must be improved and older persons with disabilities must be provided with specialised health and rehabilitative care. Older persons must be targeted for health prevention programmes and have access to sufficient food and nutrition.

- *Universal and equal access to health care*

Primary health care services should be available for all older persons and no forms of discrimination should exist for older persons to access these services. Health care services and medicines should be reasonable for older persons.

- *Older persons and HIV and AIDS*

The impact of HIV and AIDS on older persons, both those who are infected and affected must be measured to determine the relevant response. There must be awareness of HIV and AIDS raised among older persons. The role that older persons play as caregivers of their children who are infected or affected due to HIV and AIDS must be strengthened.

- *Training of caregivers and Health care professionals*

The field of geriatrics and gerontology should be expanded and professionals as well as paraprofessionals must receive specialised training in the management and care of older persons. The mental health programme for older persons must be strengthened to ensure that prevention and early intervention strategies as well as care and rehabilitation services are in place.

- *Older persons and disabilities*

As people grow older, they are vulnerable to disabilities and the needs of older persons with disabilities must be integrated in national policies and programmes. Older persons with disabilities must be given the opportunity to actively participate in all spheres of life.

Priority area 3: Ensuring enabling and supportive environments

This emphasizes the role of the physical environment and provision of services relating to the care, protection and support of older persons. It also promotes positive images of ageing and intergenerational solidarity.

- *Housing and the living environment*

The special housing needs of older persons must be provided for and reasonable housing options must be made available. The design of housing infrastructure must take into account the requirements of older persons (including those with disabilities) in respect of their accessibility for improved quality of life. The issue of public transport for older persons is important and due consideration must be made to ensure that older persons are able to access it and the costs are reasonable.

- *Care and support for caregivers*

In most countries, primary care is provided by families and communities and these systems of care must be reinforced. As indicated in previous chapters, the number of older persons is increasing and the number of older persons in the eighty year and above age group is also increasing. Therefore, care systems are necessary to address this growing need to support the older person requiring care and the caregiver providing the care. The role of older persons as caregivers does require special attention and support.

- *Neglect, abuse and violence*

In respect of this area, all forms of abuse should be eradicated, awareness should be created about the abuse of older persons and the necessary systems should be established to address the issue of abuse amongst older persons.

- *Images of ageing*

The images of ageing require a paradigm shift as usually older persons are depicted as fragile and dependent. Awareness must be created regarding the contributions that older persons make in society, their insight, experience and expertise.

The Madrid plan of action will be monitored in respect of its implementation particularly in the developing world given the population projections for an ageing society and the limited economic resources that are available for structural adjustments to be made.

4.4 Regional frameworks for older persons

4.4.1 African Union Policy Framework and Plan of Action on Ageing

The African Union Policy framework was developed as a joint initiative between Help Age International and the Organisation of African Union (OAU), now called the African Union (AU) in 2000, primarily instigated after awareness in 1999 which was marked the “International year of older persons.” The policy was endorsed at the 38th Ordinary Session of the Assembly of Heads of State and Governments in Durban, South Africa in July 2002. It therefore compels all AU member countries to plan for the formulation of policies and strategies to advance the rights of older persons in order to improve the quality of their lives. The goal of the policy framework is to assist AU member countries in the architecture of their own relevant documents for older persons. The AU framework (2002: 8-22) consists of thirteen issues in respect of older persons with a number of recommendations attached to each issue. These are then summarised below for ease of reference.

4.4.1.1 Rights

The suggestion is for all AU member states to recognise the rights of older persons, eradicate all forms of discrimination and protect older persons through policies and legislation.

4.4.1.2 Information and Co-ordination

This area advocates for the need to develop a uniform definition of older persons in line with the United Nations of 60 years, ensure that information on older persons is collected and made available. Furthermore, all government policies should incorporate older person's needs and rights. There should also be mechanisms for the monitoring of progress toward the achievement of implementation plans related to older persons.

4.4.1.3 Poverty

Older person's issues should be fully integrated in "poverty reduction strategies" of countries.

4.4.1.4 Health

Older persons must be lawfully assured suitable health care and member states must provide health services to meet the various health needs of older persons.

4.4.1.5 Food and Nutrition

Member states must ensure that older persons are able to access adequate food and nutrition and that these provisions are legally binding. Older persons must also have the right to use food production resources.

4.4.1.6 Housing and Living environment

Older persons must have access to safe, adequate and affordable housing. Member states should further ensure that public facilities are accessible for older persons.

4.4.1.7 Family

The concept of the family must be all encompassing of older persons and the role of the family must be reinforced in respect of caring for older persons and this should be legally binding. Older persons must be allowed to contribute to their families and their rights within families must be protected.

4.4.1.8 Social Welfare

Social Welfare programmes and approaches must be responsive to the needs of older persons.

4.4.1.9 Employment and Income Security

Member states should ensure that there is no prejudice against older persons in respect of holding on to their jobs, entering training and employment prospects. There must be legislation that makes provision for recognized and unofficial social security measures.

4.4.1.10 Crises Emergencies and epidemics

Older persons must receive help in times of conflict and their requirements must be taken care of during emergency circumstances. Member states must ensure that older persons receive the care they require as a consequence of HIV and AIDS and any other pandemic.

4.4.1.11 Ageing and Migration

Older persons who are migrant workers should have their rights to employment and minimum working conditions protected.

4.4.1.12 Education and Training

Member states should ensure that older persons are able to enter education and training opportunities; they should be allowed to be “educators and trainers” and the consciousness of issues of older persons should be encouraged through education and training.

4.4.1.13 Gender

Policies on gender must contain elements of ageing mainstreaming.

In the context of population ageing, if these issues that affect older persons are not addressed and governments do not allocate the necessary resources to implement the recommendations in response to an ageing society, the consequences of non-action will have negative repercussions for the social, economic and political landscape for the member states.

4.5 South African framework for older persons

The South African framework for older persons consists of the older persons policy of 2006 which then led to the promulgation of the older persons Act, No 13 of 2006, the regulations for the Act and the social assistance programme.

4.5.1 South African Policy for Older Persons

The primary purpose of the policy on older persons is to facilitate services for older persons that are accessible, equitable and affordable and that conform to prescribed norms and standards. Such services should empower older persons to continue to live meaningful and constructive lives in a society that recognises them as important sources of enrichment and expertise. The vision for older persons as articulated by the policy is “A society in which people are enabled to age with security and dignity and to continue to participate in their communities as citizens with

full rights” (DSD 2006: 3). This vision could also resonate with the desired outcome for older persons as per the sustainable livelihood framework.

The need for a policy on older persons emanated from the following arguments as contained in the policy (DSD 2006: 4);

- There has been a dominant focus on residential care which consumed the budget available for older persons as opposed to addressing the prevalent needs of community based services which was required by the majority of older persons;
- Due to the legacy of apartheid, services were developed for a majority white population to the exclusion of those older persons residing in deprived communities;
- There was no programme to address the issue of abuse of older persons;
- New developments in the international and regional area prompted the need for South Africa as a signatory to these instruments to adopt, implement and report on progress in respect of the provisions of the Madrid plan of action on ageing; and
- The new demographic transition that is prevalent globally in terms of population ageing and its associated implications necessitated the development of a policy that would adequately address the challenges and opportunities that this presented.

The policy is structured according to the themes adopted in the Madrid plan. However, under each theme in the Madrid plan, there are a number of issues that are listed and in this regard; some of the issues have been omitted in the SA policy. However, the themes as contained in the policy for older persons (DSD 2006) are:

- **Older persons and development**

The issues dealt with include integrated community based care and support services, preferential treatment of older persons, poverty and food security, emergency situations, social grants, immigration, work and an ageing labour force, access to knowledge, education and training, access to information, recreation, consumer protection, government services at reduced tariff and intergenerational solidarity.

- **Advancing health and well being into old age**

This theme captures issues of preventative health care, support services, older persons and HIV and AIDS, impact of HIV and AIDS, treatment care and guidelines, social services and health workforce, as well as older persons and disabilities.

- **Ensuring enabling and supportive environments.**

Under this theme, matters of independent living, assisted living and sheltered housing, community based services, residential care, funding and assistance, registration of service providers and governance of service providers are listed.

To provide for the South African context, two new sections were added namely:

- **Protection for older persons**

This theme incorporates the abuse of older persons, identification of older persons in need of care and protection, reporting of abuse of older persons, legal assistance and victim empowerment support services.

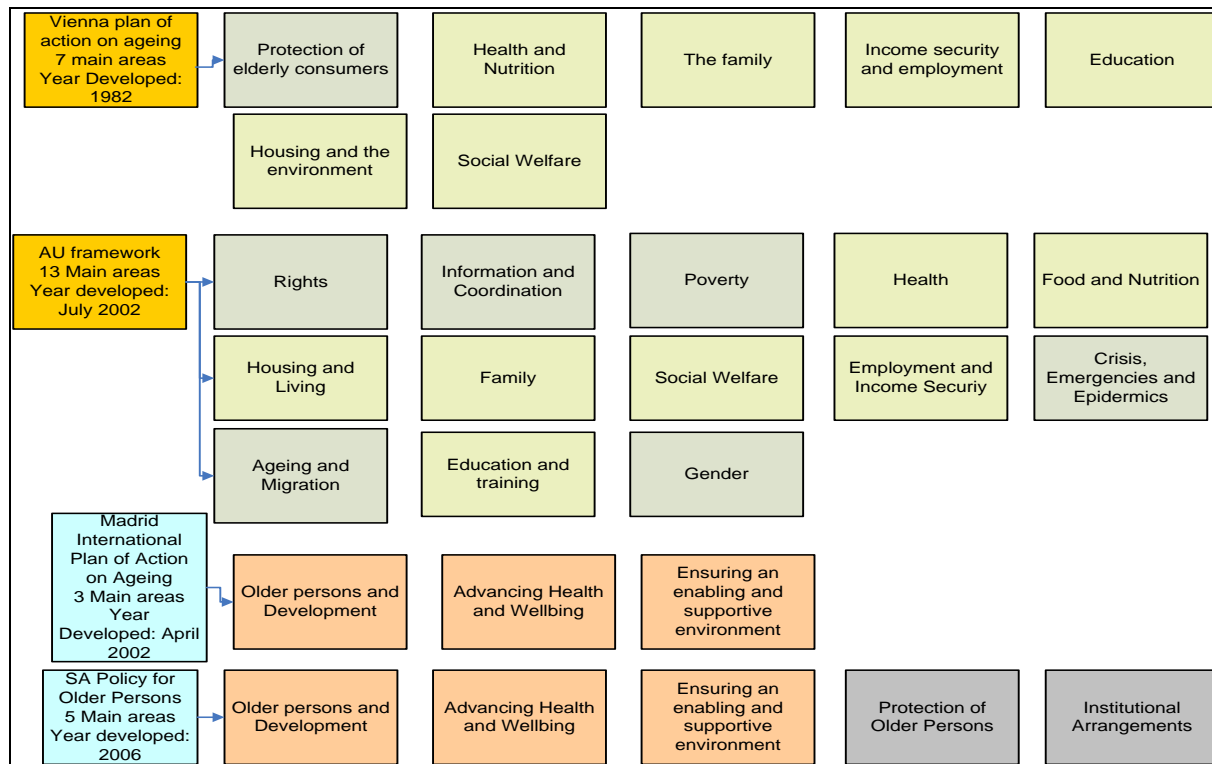
- **Institutional Arrangements**

Institutional arrangements include policy implementation, ombuds system for older persons and a consultative forum.

4.6 Analysis of the International, Regional and South African Framework for older persons

As evident, the frameworks that are discussed above have many similarities and some differences. This is represented graphically in figure 10 below.

Figure 10: Graphic representation of International, regional and South African framework for older persons



As evident from figure 10 above, the AU framework borrowed from the Vienna International Plan of Action on ageing. In addition to this, there were six additional areas added by the AU framework and whilst the protection of elderly consumers was not selected as an area on its own, the issue is included under the rights category.

The Madrid International plan of action on ageing then grouped these areas from the AU framework into three themes which the SA policy borrowed from and added two new themes.

Upon reflection of the thirteen main areas included by the AU, the MIPAA had categorised these issues within the three themes of older persons and development, advancing health and wellbeing and ensuring an enabling and supportive environment. MIPAA incorporated all of the thirteen issues either as main issues or objectives. The MIPAA framework has seventeen issues that have been adopted. According to Amara Essy, interim chairperson of the Commission of the African Union (2002: 5), “the International Plan of Action on Ageing agreed upon in Madrid during the Second World Assembly on Ageing in April 2002, borrowed significantly from the AU

Policy Framework, as the concerns of Africa's older people are therefore well outlined in the International plan."

The SA policy framework adopted the MIPAA in terms of the three themes, added two new themes, left some issues under the themes of MIPAA out and added an additional nineteen issues which related to expanding some areas into separate issues and contextualising them to South Africa.

Based on a reflection of Chapters Two and Three, the gaps in respect of issues that have been omitted by the SA policy for older persons although reflected in the MIPAA are the mental health needs of older persons and images of ageing. Other gaps identified that should be in the SA policy for older persons, is a focus on older persons in rural areas, specific support of older persons headed households, care and support for caregivers, aging of the populations and specific needs of older women.

4.7 Legislation for Older Persons in South African

The Aged Persons Act, No 81 of 1967 provided for the establishment and maintenance of residential homes for the aged; the registration of residential homes; payment of subsidies to homes, clubs and service centres; inspection of homes and investigation of cases of abuse to be conducted by social workers. Residential homes were developed exclusively for whites and as stated by Mhlangu (2011), at that time, the Afrikaans speaking whites had a high rate of placing their older persons in old age homes.

Even though the Act of 1967 was amended in 1998, there were still limitations identified that required attention. These limitations included the fact that the Act of 1967 was outdated and did not cater for the current development needs and challenges affecting older persons. Furthermore, as mentioned, there was a primary focus on residential care which mainly catered for two percent of the older person's population which were mostly white older people and there was a lack of focus on community care (Maloba 2011).

In order to deal with the limitations of the Aged Persons Act, No 81 of 1967, DSD developed the Older Persons Act No 13 of 2006 (South Africa 2006) which gives effect to the older person's policy (DSD 2006). Subsequent to this, regulations No 33075 of 2010 were developed which became operational in April 2010. This meant that for the period from 2006 to 2009, there were no regulations to guide the implementation of the Older Persons Act (South Africa 2006).

The Act (South Africa 2006) ushers in a developmental dispensation to ageing and recognizes the skills and wisdom of older persons, their participation in the community and their right to care and protection. The purpose of the Act is to deal effectively with the plight of older persons by establishing a framework aimed at the empowerment and protection of older persons and at the promotion and maintenance of their status, rights, well-being, safety and security; and to provide for matters connected therewith. The objectives of the act have been stated in chapter 1 and these are to:

- maintain and promote the status, well-being, safety and security of older persons;
- maintain and protect the rights of older persons;
- shift the emphasis from institutional care to community-based care in order to ensure that an older person remains in his or her home within the community for as long as possible;
- regulate the registration, establishment and management of services and the establishment and management of residential facilities for older persons; and
- combat the abuse of older persons.

The Act is segregated into six chapters and these sections will be discussed in relation to determining if the chapters in the act are aligned to the SA policy for older persons and regulations. In this regard, gaps will be identified where applicable.

- **Chapter 1: Objects, Implementation, application and general principles**

This chapter deals with the objectives listed above, the implementation of the act in respect of the responsibility of all organs of state to implement the Act in an integrated, coordinated and uniform manner making maximum resources available. The general principles include that all decisions by the state must respect the rights and dignity of older persons. These principles are aligned to section 2.4 of the policy on older persons (DSD 2006: 11). However, an evident contradiction in this Chapter is that section 5 (2) (d) makes a statement about the principle of protecting older persons from unfair discrimination on any ground which is also supported by the section 9 (3) of the Constitution, Act No 108 of 1996, yet the same older persons act (South Africa 2006), discriminates in section (1) by defining an older women to be 60 years or older and an older male, to be 65 years and older. This is an obvious gap that should be addressed.

- **Chapter 2: Creating an enabling and supportive environment**

The issues that are addressed under this area include the development of and compliance with national norms and standards, promoting the rights of older persons, support for services delivered by third parties, guiding principles for provision of services, importance of integration and coordinated services to older persons. The Older Persons regulations No 33075 of 2010 is aligned to the Act and provides the details of the standard processes that must be followed in the application, contract and conditions of financial awards to service providers (mostly non governmental organisations). This chapter of the Act supports the theme of ensuring enabling and supportive environments for older persons as contained in the older persons policy (DSD 2006: 24).

However, in an analysis between this chapter of the Act and the older persons policy, there are gaps in respect of the Act not clearly articulating the provision of independent living, assistive living and sheltered housing for older persons and further, where the responsibility for these provisions would be placed. As a result, there is no clear strategy by the department on the provision of independent living to guide the planning with the Department of Human Settlements. The other two areas (community based care and residential care) contained in the policy under this theme of creating an enabling and supportive environment have been elaborated on and are included in the Act as separate chapters.

- **Chapter 3: Community based care and support services**

This chapter provides for the issues on the rights of older persons receiving community based care and support services, the community based programme, community based care and support services to be registered, the registration of community based care and support services, the responsibilities and requirements for persons providing home based care and the monitoring and evaluation of community based care and support services. The regulations No 33075 of 2010 are aligned to the Act and the procedure for registration of service providers rendering services to older persons is described. The regulations details the requirements for the application for and approval of registration for community based care and support services, temporary registration, arrangements prior to termination of community based care and support services, application for registration as caregivers and training of caregivers. This chapter supports the Older Persons Policy (DSD 2006: 26-28) by ensuring enabling and supportive environment for older persons.

- **Chapter 4: Residential facilities**

This chapter details the issues that pertain to the rights of older persons in residential facilities, the services at residential facilities, the prohibition on operation of unregistered facilities and the registration of facilities, compliance with conditions for registration of residential facilities, establishment of residents committees, admission to residential facilities, monitoring and finally, reports to the Minister by operators of residential facilities. This chapter is supported by regulations No 33075 of 2010 which deals with matters concerned with the application for and approval of registration of residential facilities, arrangements prior to the closure of a residential facility, application for admission to a residential facility, establishment, composition and functioning of the resident's committee. This chapter is also aligned with the thematic area of ensuring enabling and supportive environments as contained in the older persons policy (DSD 2006: 28-31).

- **Chapter 5: Protection for older persons**

In addition to the provisions made in this chapter for older persons in need of care and protection, including, the notification of abuse of older persons, providing written notice to the alleged offender, articulating the procedure for bringing an alleged abuser of an older person before the magistrate, dealing with an enquiry into the abuse of older persons, providing for the prohibition of abuse of older persons and special measures to combat abuse of older persons as well as maintaining a register of abuse of older persons, this chapter is also supported by the provisions of the Domestic Violence Act, No 116 of 1998.

To give effect to this chapter of the Act, the regulations No 33075 of 2010 provides for measures to prevent and combat abuse of older persons, register persons convicted of abuse and the establishment and management of a register of persons convicted of abuse of older persons. Any service provider who renders services to older persons must therefore subscribe to the regulations in the delivery of their services to older persons.

In addition to this, there are norms and standards which are included in the regulations as an annexure and serve as a minimum requirement in respect of the provision of services for older persons. The monitoring of services will be in relation to the functioning of the basic norms and standards that service providers are expected to adhere to.

This chapter of the Act is formulated in line with the policy for older persons in respect of the thematic area, which relates to the protection of older persons (DSD 2006: 32).

- **Chapter 6: General and Supplementary provisions**

Chapter six deals with the matters concerned with delegations, penalties (in respect of any individual or organization that contravenes any applicable section of the act) and regulations.

However, whilst most issues contained in the policy are addressed in the Act, there are two thematic areas of the policy which are not reflected as separate chapters in the Act. These are older persons and development and advancing health and well being into old age. While some areas documented as subsections of these two themes are briefly mentioned in Chapter Two and Three of the Act, it is apparent that there are gaps in the legislation. On the theme of older persons and development, there is need for a more focused and decisive requirements to be included in the Act in respect of the areas of poverty and food security, emergency situations, immigration of older persons, work and labour force participation, consumer protection and government services at a reduced tariff. On the thematic area of advancing health and well being into old age, there is little mention in the act of these areas which require depth and inclusion; preventative health care, older persons and HIV and AIDs as well as older persons and disabilities. The issue of sustainable livelihoods for older persons is also briefly mentioned in section 11 (2) (f) of the act (South Africa 2006) with a sheer mention of the “promotion of skills and capacity of older persons to sustain their livelihoods.” Whilst these issues might be referenced in other government policies and legislation, it is necessary to align them and outline the requirements within these areas with a clear government position that can be uniformly applied.

The Department of Social Development also pursues a social protection agenda and to this end, in support of vulnerable groups and aligned to section 27(1)(c) of the Constitution of South Africa, Act No 108 of 1996, which stipulates that “everyone has a right to have access to social security, including, if they are unable to support themselves and their dependants, appropriate social assistance”, the Social Assistance Act, No 59 of 1992 which is component of a social security programme, was developed. This was amended into the Social Assistance Act, No 13 of 2004, which has since been subsequently amended into the Social Assistance Act, No 06 of 2008. This is an important area for DSD and older persons because in Chapter Two and Three, notable implications articulated in respect of the changing balance of the young-old, is the need for societies to review the way resources are distributed and the kinds of investments that are made for children and older persons. The implication for increased life expectancy which is

increasing in South Africa, is the fact that pension schemes both contributory and non-contributory will have to be provided for a longer period of time and critically, the sustainability of this, are important issues that must be discussed within the context of this dissertation. Therefore, an examination into the contribution that South Africa is making to provide protection for its older persons cannot be complete without an analysis of the social security programme which is one of three core functions that DSD provides to give effect to the concept of social development as mentioned in section 4.2 of this chapter.

In South Africa, the Social Security System has four major elements (South Africa 1997: 48). The first element is private savings where people save for unexpected events such as becoming unemployed, disabled etc. The second element refers to social insurance where employers and employees make a contribution to the provision of a pension or provident fund to cater for unexpected events including injuries on duty. The third element is social relief which refers to short-term measures that tide people over a particular individual or community crisis. This is also non-contributory and means tested and is provided by the state. Social assistance is the fourth element and this is also a means tested benefit provided by the state to vulnerable groups such as people with disabilities, older persons and unsupported parents and children who are unable to provide for their own minimum needs.

In South Africa, social assistance has taken the form of social grants and in respect of a brief history on the provision of social grants in South Africa, the grant had been in existence since 1928, initially only for whites and coloureds as a means of providing a basic income in retirement for those who had no occupational pension. Since 1944, through the Pension Laws Amendment Bill, it was available for all population groups, though the rand value was 'racially' based. The Social Assistance Act, No 59 of 1992 provided for the elimination of past inequities in the grant, and at the turn of the century, the grant benefited 16% of older whites, while providing for most (90%) of older blacks {(Sagner (1998:10-14) , Sagner (2000:523-553))}.

The Social Assistance Act, No 13 of 2004 made provision for the rendering of social assistance to older persons and according to section 10(a) and (b) of the Act (South Africa 2004) older persons could qualify for a state old age grant in the case of a woman when she reached the age of 60 years and in the case of a male, when he reached the age of 65 years. This represented a case for age discrimination on the basis of gender and DSD was litigated against this provision. Subsequent to this litigation, DSD developed the Social Assistance Amendment

Act, No 6 of 2008 to revise the Act (South Africa 2004), so as to regulate amongst others, the eligibility of men for an older person's grant. The amendment of the age of eligibility for men was progressively reduced from 65 years to 60 years from 2008 to 2010.

The social assistance grants that are made available in South Africa are the state old age grant, child support grant, care dependency grant, disability grant, grant in aid, war veterans grant, foster care grant and social relief of distress. As at 30 April 2012, there were more than 15 million beneficiaries that receive a form of social grant which is just over 33 percent of the total population of South Africa. Therefore older persons, irrespective of whether they are in receipt of the state old age grant or not, can access the other grants listed above as a means of additional income to provide for the care of their grandchildren and children should they meet with the qualifying criteria.

4.8 DSD expenditure on older persons programmes

4.8.1 Social Assistance

Older persons are provided with a monthly cash benefit of R1200 per month for the period 2012/13. As evident, in a comparison of this figure with the StatsSA use of R570 as a measure of low income households, the social assistance programme immediately places state old age grant recipients above this measure but it is important to note that some older persons who are heads of households that include children, have to support a household size of 5.9 people as indicated in section 3.3.1.4 of Chapter 3.

According to Table 7 below, the number of old age grants that has been provided to older persons on a monthly basis is 2.7 million. In comparison, there are 3,890,258 million older persons as per the mid-year population estimates 2011, (StatsSA 2011a). Therefore, this suggests that 69 percent of the total older persons population is currently accessing the state old age grant. According to National Development Plan (South Africa 2011a: 330-331), 75 percent of older persons are eligible for the old age grant and based on that, there is about 6 percent of older persons are not accessing the grant. The state therefore invests R3 billion on a monthly basis toward the payment of old age grants. This is 39 % of the total monthly grant

budget of R7.1 billion per month³. Studies conducted by Woolard and Leibbrandt and Borat and van der Westhuizen cited in National Development Plan (South Africa 2011a: 330), “demonstrate that grants are critical for reducing poverty.”

Table 7: Number and value of old age grant: National

National	Number of older persons receiving the grant	Value in total
Old Age	2.761,120 million	3 billion
War⁴ Veterans	735	896 million

- Source: South African Social Security Agency, April 2012

According to the National Treasury Budget Review (2011: 102), the social grants expenditure as a percentage of the gross domestic product (GDP) of South Africa is 3.5 percent in 2012/13 amounting to R112 billion.

4.8.2 Developmental Social Welfare

In respect of the budget breakdown for DSD programmes at a national level (Table 8), the older persons programmes received R819, 032 million of the R8 673,928 billion rand social welfare budget. This comprises 9.4 percent of the total social welfare budget. In comparison with the other programmes within DSD (except professional and administration support), the programme with the highest share of the budget is the children's programme followed by the older persons programme and then the crime prevention and support programme.

³ It must be noted that the number of old age beneficiaries change on a monthly basis in respect of those older persons that enter the system as they qualify for the grant and those that exit mostly due to death of the older person.

Table 8: Social Welfare Budget 2012/13

Budget 2012/13	R'000
Social Welfare Services	8673,928
Professional & Administration Support	2265,104
Substance Abuse, Prevention and Rehabilitation	304,548
Care and Services to Older Persons	819,032
Crime Prevention and Support	711,376
Services to the Persons with Disabilities	441,733
Child Care and Protection Services	3063,476
Victim Empowerment	138,545
HIV and AIDS	685,069
Social Relief	38,972
Care and Support Services to Families	206,073

Department of Social Development, Budget schedule 2011

Predicated on the DSD expenditure for the both the social assistance and development social welfare programmes, it is evident that South Africa is making an important investment into the care, protection and support for older persons.

4.9 Examination of the Sustainable Livelihood Framework

In Chapter Three, the framework was discussed in respect two areas, namely the vulnerability context and livelihood assets with the exception of social assets. On the matter of social assets, the Older Persons Act (South Africa 2006) makes reference to community based services where older persons meet at service centres to develop social networks. In addition, many older persons engage in activities of burial societies which are an extension of their social networks.

Chapter 4 does provide sufficient information about the policy and legislative environment that is in place at a macro level to protect and support older persons. Therefore, there is an existing conducive policy context for older persons. In addition, there are a number of institutions established to provide services and support for older persons namely DSD and NGO's that have specialised units to manage programmes and render services for older persons. However, beyond this, there are other government departments that are established to further provide services to older persons e.g. Department of Health (public health provision). In terms of the livelihood strategies of older persons, there is not much information that is contained in this chapter to fully comprehend this suffice for the agricultural activities mentioned in Chapter Three and the promotion of income generating and economic opportunities mentioned in the Older

Persons Act (South Africa 2006). It is however apparent that the Older Persons Act (South Africa 2006) and Older Persons policy advocate for the livelihood outcomes for older persons to be increased wellbeing, reduced rates of vulnerability, increased food and income security. In addition, the fundamental intent of the older persons policy and Act (South Africa 2006) are harmonious with the sustainable livelihood principles of being people centred and addressing issues of empowerment (DSD 2009:8). The Act (South Africa 2006) also provides for many opportunities that older persons could explore in terms of skills development and economic empowerment programmes.

4.10 Summary and Conclusions

This chapter further supports the research objective of identifying the issues that are important for older persons. South Africa as a country has benefitted from the work of the United Nations in terms of both an understanding and commitment in respect of Social Development and matters pertaining to older persons.

The concept of Social Development has some common elements that are universally agreed in terms of incorporating issues of improvements in the quality of life for the entire population, human development, targeted to the poor and vulnerable, sustainable development, integrating economic and social policies, partnerships and security to people and communities. In comparison of these common themes and the articulation of DSD's vision and mission statement, it is apparent that there is an alignment of thinking and an expression of what defines social development.

The Older Persons Policy (DSD 2006) has adopted the themes of the Madrid plan of action on ageing adding an additional two areas. Gaps identified in the policy for consideration include issues that relate to older persons residing in rural areas, older persons headed households, the mental health needs of older persons, the specific needs of older women, care and support systems for caregivers, images of ageing and aging of the populations. The Older persons Act (South Africa 2006), policy and regulations are aligned in respect of the following areas:

- Chapter 1 of the Act with section 2.4 of the policy;
- Chapter 2 of the Act with Theme 3 of the policy (Ensuring enabling and supportive environments) and Theme 5, Institutional arrangements.

- Chapter 3 of the Act with Theme 3 of the policy (Ensuring enabling and supportive environments);
- Chapter 4 of the Act with Theme 3 of the policy (Ensuring enabling and supportive environments);
- Chapter 5 of the Act with Theme 4 of the policy (Protection of older persons); and
- Chapter 6 of the Act is not applicable as it deals with issues of delegations.

However, the Act (South Africa 2006) does not sufficiently address the priorities stated in the policy in respect of the gaps that have been identified within Theme 1: Older persons and development, being issues that clearly outline the programmes for poverty and food security, emergency situations, immigration, work and labour force participation, consumer protection and government services at a reduced tariff. In terms of Theme 2: Advancing Health and wellbeing, the matters that should be considered for inclusion in the Act (South Africa 2006) are preventative health care, older persons and HIV and AIDs as well as older persons and disabilities. In general, it is apparent that the Older Persons policy has covered a range of issues affecting older persons that relate to the work of many other entities within government but the Act (South Africa 2006) only legislated on areas of work that are within the mandate of DSD. Therefore, it is critical that there is an inter-sectoral plan of action on ageing that is developed to coordinate the other areas of work in order to fully realise the objectives of the Act (South Africa 2006).

The South African Social Security system makes provision for social assistance through the Social Assistance Act No 6 of 2008. The main thrust in respect of the provision of social assistance is poverty prevention, poverty alleviation; social compensation and income distribution. Older persons receive a state old age pension which is non contributory in nature from the state. This is a means tested benefit and therefore only those older persons that qualify are eligible to receive the benefit. The old age grant is provided to an estimated 2.7 million older persons at a cost of R3 billion per month. This is the largest share of the social protection budget and is followed by the child support grant. The social grants expenditure is R112 billion in 2012/13 and comprises 3.5 percent of the GDP of South Africa. In respect of the budget breakdown for DSD programmes at a national level, the older persons programme received R819 million which is 9.4 percent of the total social welfare budget of R8, 6 billion.

In reflecting on the sustainable livelihood framework (DSD 2009: 6-15), it is evident that older persons have the service centres and burial societies as social assets because of the social networks that they are able to establish. Furthermore, Older Persons Act (South Africa 2006) and policy are important instruments within the policy domain and DSD as a lead department on matters pertaining to older persons within the institutional domain of the sustainable livelihood framework to support older persons. The sustainable livelihood principles of people centred, empowerment and strengths based resonate within the Act (South Africa 2006) and policy for older persons.

The next chapter provides a detailed account of the methodology that was employed in the study in order to meet its stated aims and objectives outlined in Chapter One.

Chapter Five: Methodology

5.1 Introduction

The focus of this chapter is on the methodology that was employed in the study. Therefore, the chapter will provide an explanation of the following elements as contained in the methodology:

- Research design
- Sample design and sampling methods
- Data collection methods and fieldwork
- Data capturing and editing
- Data analysis
- Shortcomings and errors

5.2 Research Design

A research design refers to the “plans or procedures that allow the study’s goal to be achieved” (Padgett 1998: 28). Becker and Bryman (2005: 186), state that the terms research design and research method are similar and it is often used “interchangeably.” However, these concepts do not necessarily mean the same thing as a research method is a practice or procedure for collecting data and the research design is an outline within which data is collected. Similarly Welman et al (1999: 46) state that “a research design is a plan according to which we obtain research participants and collect information from them.” The study employs an exploratory design within a qualitative research theoretical framework.

Becker et al (2005: 247) explain that the main methods of qualitative research are semi-structured and unstructured interviewing, ethnography, focus groups, documents and the use of the internet for collecting qualitative data.

5.3 Study population

This study relates to the implications of population ageing for older persons and determines the perception of state and NGO officials within the social development sector. Therefore, the criteria for selection of the sample population were those officials within the two sectors of

government and NGO's that worked within the field of older persons and population development.

The task entailed identifying those NGO's within the provinces that are currently rendering services to older persons and identifying those individuals who are currently employed by government in the DSD sector, working in the field of older persons. A list was then developed of all potential respondents from provinces and national. The NGO's were identified from a stakeholder list that the National Department of Social Development utilises when they want to engage with NGO's on matters pertaining to the field of older persons. These NGO's are selected based on the following criteria:

- Are a national or provincial association for older persons organisations; and
- Receive a state subsidy from the DSD for services rendered to older persons

There are essentially only two national organisations that are on the stakeholder list that has a provincial footprint. These organisations are Age-in Action and the South African Forum for Older Persons with structures in the nine provinces. Age in Action (AIA) previously known as the "South African Council for the Aged" is a national organisation that has been established in 1956. AIA has over 800 non governmental organisations from all parts of South Africa affiliated to it and it represents 2.7 million older persons. They are largely concerned with advocacy, education, empowerment and awareness programmes as well as research and publications.

The SA forum for older persons was established in 2005 with a mission to identify and articulate the concerns and needs of older persons, as voiced by them, and, in consultation with government and other role players, to ensure that these needs are addressed in legislation, services and programs. The forum should have provincial offices established in all provinces.

In respect of government officials, the two major departments that are on the stakeholder list are DSD and the Office of the Premier. The reason for only these two departments is largely due to the central and coordinating role within government that is adopted by these departments in respect of older persons issues. The government officials were selected from a provincial list of managers who are responsible for the coordination of services to older persons at the Department of Social Development and at the Office of the Premier within the provinces.

Therefore, the total number of stakeholders on the list is:

- Age-in Action representing nine provinces
- SA forum for older persons representing nine provinces
- DSD representing nine provinces
- Office of the Premier representing nine provinces.

This listed was generated with assistance from the Director of Older Persons at national DSD due to the fact that it is her area of expertise. Furthermore, the task was easier for the researcher given that the researcher worked in the field of older persons for five years. However, the researcher does not work in the field anymore and so the researcher did not have any coercive role or influence over the respondents. There were also three key informants chosen from the National Department of Social Development. Two of the informants are the Director and Deputy Director responsible for the older persons programme and the other informant is the Chief Director responsible for Population and Development programmes at national DSD. These informants were selected from a list of managers who work in the field of older persons and the population programme. They were purposely chosen because they are the heads of their respective departments and are experts on matters pertaining to older persons and population issues which are central to this study. This was done in order to obtain a richer and fuller appreciation of the issues.

5.4 Sample Design and Sample methods

Different sampling designs are used for different studies and the choice of a sampling design is dependent on what the researcher wants to find out.

There are two types of sampling designs, probability and non probability designs. In probability designs, the researcher can “specify in advance that each segment of the population will be represented” (Leedy et al 2001: 211) and in non probability designs, the probability that a given element will be included cannot be specified” (Welman et al 1996: 61).

This study made use of the non probability design because it is considered cost-effective in respect of time and fiscal resources. The criticism of this design is that the findings cannot be generalised to the applicable population (Imas et al 2009: 362).

5.4.1 Sampling

There are many types of non probability samples namely accidental, purposive, quota and snowball samples. This research employed the use of purposive sampling.

5.4.1.1 Purposive sampling

In respect of this study, the researcher used the purposive sampling method. According to Welman et al (2000: 63), with purposive sampling, “this is the most important kind of non probability sampling. Researchers rely on their experience, ingenuity and/or previous experience to deliberately obtain units of analysis in such a manner that the sample they obtain may be regarded as being representative of the relevant population.” Leedy et al (2001: 218) further supports this view and states that respondents are chosen for a particular “purpose” because they represent varied views on a particular subject. Imas et al (2009: 362) also allude to the notion that with purposive sampling, “selections are made to meet the specific purpose of the study and are based on predetermined criteria.”

The criticism of purposive sampling is that different researchers approach the sampling in diverse ways and therefore it is difficult to determine if the sample obtained is representative of the applicable population (Welman et al 1999: 63).

In interpreting and operationalising the purposive sampling method, the researcher engaged with the Director of older persons in respect of the stakeholder list for older persons that is utilised by the Department when the Department wants to consult, seek advice or inform NGO's on matters pertaining to older persons. These NGO's that are placed on the stakeholder list have met with the criteria mentioned in 5.3 and work daily in the field of older persons. They are therefore familiar with the issues affecting older persons as it is their area of specialisation and they represent the NGO's that are affiliated to them. This list therefore served as a sample for the study as contained in Table 10.

5.5 Research Instruments

The research instruments chosen for this study was a qualitative questionnaire with open ended questions and a semi-structured interview schedule.

The qualitative questionnaire was appropriate because it allowed the respondents to express their views and concerns without restriction. It also allowed the respondents to complete it at their convenience and at the same time, the researcher was available to offer clarity and

respond to any concern. The questionnaire that was used is included in Annexure A and discussed in further detail in section 5.5.2 below.

The semi-structured interview was useful because it allowed the researcher to remain focussed on the pertinent issues and at the same time it provided the flexibility for the interview to flow from any issue without necessarily following a sequence.

Based on an analysis of the responses, these two research instruments were the most suitable to respond to the questions that have been posed in Chapter One.

5.5.1 Method of data collection

There are many sources of data collection that is available but the choice of data collection should be made based on a number of key considerations. These key considerations can be described as follows: what does one need to know, how or where does this information exist, what are costs and time implications for collecting this information, how often do you need to collect this data and what structure would the data analysis entail? (Imas et al, 2009:290).

In respect of this study, the key considerations informing the method of data collection was the premise that the responses to the questions on population ageing and its implication for older persons was resident with government officials and NGO's employed within the field of older persons. The information had to be acquired at minimal cost and time as a once off data collection process and the analysis would entail predominantly content analysis which is elaborated on further in section 5.8 below.

In reference to the semi-structured interview, the process of requesting responses was not the same at every interview because the respondents did not respond in exactly the same manner and in order to maintain the momentum of the interview and the trend of thought at that particular time, the order of some of the questions could not be continued.

With respect to the administration of the questionnaire, the procedure was the same as the instructions to the respondents was provided at the same time. The respondents had a period of four days to complete the questionnaire which was the duration of the workshop.

In section 5.6, the procedure for data collection is described in further details.

5.5.2 Design of the questionnaire

5.5.2.1 Development of the questionnaire

The use of questions must be done with circumspection, particularly in a questionnaire where respondents have little if any opportunity to seek clarity. In identifying and selecting questions, there were potentially many questions that could be asked in the study.

The researcher followed the process recommended by Cronbach (1998), cited in Imas et al (2009: 230-232) which proposes using two phases for identifying and selecting questions.

This approach was adopted in respect of phase 1 being the divergent phase and phase 2, the convergent phase. The fundamental difference between these two phases is the general listing of all relevant questions based on the themes of the study (divergent phase) followed by a rationalisation of these questions to be more specific to the study and eliminating non essential questions (convergent phase). These phases are discussed in further detail below.

- **Divergent Phase**

In this phase, a list of potential questions is generated for the study. These questions are ones that have emerged by reading through literature, engaging in informal talks with managers in the field of older persons, general observation and personal interest in the subject. At this point, these questions are a long list and therefore have to be examined for relevance to the research objectives.

- **Convergent Phase**

The convergent phase requires the researcher to reduce the number of questions and taper these to fit within a particular context which is aligned to the research study. The purpose of this phase is to ensure that the researcher is able to categorize the most important questions. Given that this research is about population ageing and its implication for older persons, there were three distinct but interrelated themes, first, population ageing, second, older persons and third, social development.

The criteria that was used to determine which questions should be chosen was largely influenced by the level of relevance within the three themes mentioned above, while at the same time creating coherence and addressing the research objectives. Furthermore, the

recommendations of Fitzpatrick, Sanders, and Worthen (2004), cited in Imas et al (2009: 230), assisted in evaluating the choice of questions wherein they state that consideration must be given to determining who would use the information. Furthermore, what one would critically need to consider amongst others is, would the question provide necessary information to support the research objectives, and is the question practical to answer.

The questionnaire was developed using a framework from Chapter Two and Three which focused on the five public policy indicators of population ageing indicated in Table 9; namely:

- Demographic determinants of population ageing;
- Magnitude and speed of population ageing;
- The changing balance between age groups;
- A demographic profile of the older population; and
- Socio-economic characteristics.

This is also aligned to the sustainable livelihood framework in respect of its principles of people-centred, sustainability, strengths based, and multi-level.

Table 9: Framework for the development of the questionnaire.

Section One	Biographical Details of Respondents			
Section Two	Agenda on ageing (Identification of issues considered important for older persons.)			
Section Three	Population Ageing Indicators			
<ul style="list-style-type: none">Demographic determinants of population ageing	<ul style="list-style-type: none">Magnitude and speed of pop ageing, regional differences	<ul style="list-style-type: none">The changing balance between age groups	<ul style="list-style-type: none">A demographic profile of the older population	<ul style="list-style-type: none">Socio-economic characteristics that affect the wellbeing
<ul style="list-style-type: none">Indicators	<ul style="list-style-type: none">Indicators	<ul style="list-style-type: none">Indicators	<ul style="list-style-type: none">Indicators	<ul style="list-style-type: none">Indicators
<ul style="list-style-type: none">total fertility rate, life expectancy and the survival rate; mortality	<ul style="list-style-type: none">Analysis of percentages and growth rates of the older groups of the pop(over 60yrs)	<ul style="list-style-type: none">Broad age groupings, the ageing index, median age, dependency, potential and parent support ratio	<ul style="list-style-type: none">Progressive ageing of the older pop and feminization of ageing	<ul style="list-style-type: none">Labour force participation and literacy
<ul style="list-style-type: none">Section 4: General				

The questionnaire (Annexure A) was designed based on this framework comprising of four sections as captured in Table 9.

Section One of the questionnaire centred on the biographical details of the respondents and included the following five elements, namely, age, sex, the institution that is represented, the number of years worked in the field of older persons and level of employment.

Section Two relates to eight questions on the agenda of ageing and include opinions on whether the issue of ageing receives a priority in the agenda of DSD and government, the performance of the DSD in relation to older persons matters, an identification of the five most important issues affecting older persons, challenges experienced in service delivery to older persons and an identification of gaps within the legislation and policies/programmes for older persons.

Section Three is structured along the five public policy indicators and twenty questions are then asked according to these areas about the possible implications that these population indicators have for older persons.

Section Four is a general question which is posed for additional comments that the respondents may wish to include.

5.5.2.2 Piloting of the questionnaire

The questionnaire was piloted with two officials at the national department of social development and one NGO in Gauteng over a two day period. The piloting went well and only minimal amendments were made to the original questionnaire.

5.6 Procedure for collection of data

A national workshop was convened with the NGO's and government officials working in the field of older persons. The NGO's and government officials were invited from the stakeholder list which served as the sample for the study. The purpose of the workshop was to discuss the national and provincial implementation plan for operationalisation of the Older Persons Act (South Africa 2006). However given the considerations stated above as recommended by Imas et al, (2009: 290), in terms of cost and time deliberations, it was considered opportune to use the workshop as a means for collecting the data relevant to this study. Permission was sought and granted by the Director of the older persons programme at DSD national. However, there

were more organisations invited beyond the stakeholder listed in the national list. The list of organisations that were represented is included in table 10 below.

Table 10: List of Organizations (Government and NGO's) in attendance at the National Workshop.

No.	Province	Name of Organisation
NGO's		
1	NC	Resthaven Welfare Society
2	EC	Rowell Old Age Home
3	EC	Silver Crown Older Age Home
4	EC	Ethembeni Old Age Home
5	WC	Rusthof OAH
6	WC	Ikamva Labantu
7	WC	Elderly Care Fund SAPS
8	LP	Elim Hlangana Care of Aged
9	LP	Warmbad Rusoord
10	KZN	ELC Emseni Old Age Home
11	KZN	Verlam frail care Centre
12	KZN	TAFTA
13	KZN	SAVF
14	NW	Lapa la Botlhe Aged Care Centre
	GP	SAVF (already counted in no 13)
15	GP	Vaal Elderly Forum
16	GP	SAHRC
17	GP	Methodist Home for the Aged
18.		Age in Action
19.		SA Forum for older persons
Government Departments		
20.		DSD
21.		Office of the Premier

At a national workshop which was held on 23-to 26 of November 2010 the researcher presented the purpose of the study and the research objectives to all those attending the meeting. The questions were explained and the respondents were requested to participate by completing the questionnaire. The confidentiality clause and the letter of consent were discussed and respondents were informed that participation in the study was voluntary.

The advantage of this approach was that there were a number of respondents available at the meeting representing a number of NGO's and government officials from the field of older persons. Furthermore, these respondents represented the nine provinces. In addition to Age in Action, the SA Forum for older persons, DSD and the Office of the Premier, there were an additional seventeen organisations that were present. These organisations were selected by the provincial DSD to represent the provinces. Therefore in total, there were nineteen different NGO's and two government departments present at the meeting. The disadvantage of this method for data collection was that those organizations which were invited and did not attend, were not provided with an opportunity to participate.

The interviews with the key informants took place within the offices of the national department of social development. The semi structured interview schedule was used to collect the data.

5.7 Data capturing and editing

The questionnaires were then sorted into two categories, i.e. responses from Government departments and responses from Non-Governmental organizations. These were then given an individual reference number so that each questionnaire could be tracked in respect of all responses. It was initially planned that a response of thirty questionnaires would be sufficient but there were a total of fifty six attendees at the meeting. Therefore, in order to ensure that none of the potential respondents would feel excluded, extra copies were made of the questionnaires and handed out. Thirty six questionnaires were received which was more than the planned thirty. One of the reasons for only thirty six questionnaires being received as opposed to fifty six was the fact that some organisations were represented by two people and the representatives decided to submit one questionnaire for their institution which was completed by only one respondent. Others that did not provide the questionnaire back provided no reason for the non submission which can possibly be attributed to lack of interest for completing the questionnaire.

The data from the questionnaires were then captured using an excel spreadsheet. The framework for the data capturing mirrored the questionnaire. Where there was no response, this was captured as such. Filters and pivot tables were then used to categorise the responses in respect of government officials and non government officials.

5.8 Data analysis

The responses for each question was then carefully analysed to determine the most dominant response defined as responses above fifty percent for closed ended questions. In respect of open ended questions, content analysis was used as means for the analysis of the data. According to Silverman (2001: 304), content analysis “involves establishing categories, and systematic linkages between them, and then counting the number of instances when those categories are used in a particular item of text.”

Furthermore, Imas et al (2009: 378-379) eloquently mentions that content analysis normally begins with coding and it is an analysis of qualitative data. In this regard, the assumption is that “words and phrases” mentioned more often signal main ideas. The authors go on to distinguish between the two types of content analysis namely, a conceptual analysis which looks at the rate of recurrence of a particular term and relational content analysis which goes further than just a count of frequency but extends to discover relationships among the terms.

Therefore, each response was recorded and the most frequent responses were then grouped into a category. Each category was mutually exclusive so that it becomes simple to identify which responses are aligned to which category. The coding process was then completed and the frequencies of responses were documented and the relationship between the terms analysed and recorded. These were then grouped into categories and recorded as the emergent issue for particular questions.

An excel spreadsheet was used to record the data and the data was then sorted so that patterns within the data became evident.

5.9 Data Interpretation

After the data was recorded, sorted and categorised, this was reviewed to determine possible importance in the data. The relationships between the themes were then reviewed within the context of the questions and the prevalent themes that emerged were recorded. These themes were then reviewed in order to quality assure the responses and in order to determine if there were other ways of interpreting the data.

The approach adopted in order to record the findings was a thematic approach and noteworthy perspectives were documented as quotations even if this view was expressed by only one or

two people. Noteworthy perspectives were decided upon based on what the researcher interpreted to be a quotation that captured the essence of a particular theme.

5.10 Validity and Reliability

In any research that is being conducted, the issue of validity is of critical importance in order for the researcher to be able to draw justifiable conclusions and relationships within the data. According to Creswell (1994: 157-163), the concepts of credibility, transferability and dependability are important and these are used because they are easier to comprehend. Credibility of the research is closely associated with the concept of validity.

Leedy et al (2001: 105-106) indicates that validity refers to the degree to which the “design and data” which is generated through the study allows the researcher to draw “accurate conclusions.”

In order to mitigate the actions that would compromise validity, the researcher used the methods of triangulation where different data sources (when applicable) were used to corroborate the findings. Due to the nature of this study, the theoretical analysis is the key indicator of credibility. A comprehensive and systematic analysis of the literature review in Chapters Two, Three and Four relating to population ageing and its implications for older persons was completed and this served as a basis for understanding these issues. This was further supported by responses from officials both in the government and the NGO's t working in the field of older persons. This also contributes to the trustworthiness of the study in respect of its results because these officials and NGO's are working daily in the specialised field of older persons and they are considered experts based on their experience in the subject area.

Leedy et al (2001: 105-106) further advises that researchers could have “thick descriptions” or rather substantial descriptions that are well articulated in the findings which would allow the readers to draw their own conclusions on the findings. The use of “feedback from others” and “respondent validation” are other mechanisms that could be used for seeking the views of colleagues and the respondents themselves regarding the findings drawn from the study. A feedback session was held with the respondents from the national DSD in order review the findings of the study and the results of the study was supported by these officials. The study was also emailed to all the NGO's who participated in the research.

Transferability and external validity are terms that can be used interchangeably. As stated in previous sections, due to the research design and purposive sampling methods being chosen, the propensity to generalise the findings is limited. However, it must be pointed out that the questionnaires were completed by twenty one organisations as indicated in Table 10 above, representing the nine provinces in the country and this was supplemented by interviews with key informants from the National DSD. Therefore, this research design is transferable enough to be applied within the social development context in the field of older persons.

The issue of dependability refers to the reliability of the indicator and measure and the requirement for the measures to assess the same phenomenon in the same way through recurring tests. The indicators in Section Three of Table 9 that were used as a basis for the questions in the questionnaires are internationally utilised to determine the characteristics of population ageing as discussed in Chapter 2 and 3. The questions posed therefore are consistent with the population indicators and could be repeated within the context of older persons.

Conformability relates to ensuring that the research findings which are reported are based on the data produced by the research and the process of analysis as opposed to the bias of the researcher. According to Lincoln and Guba cited in Babbie and Mouton (2001: 278), “an adequate trail should be left to enable the auditor to determine if the conclusions, interpretation and recommendations can be traced to their sources and if they are supported by the inquiry.” In respect of this research, the questionnaires, research notes and data analysis workbook is filed.

5.11 Ethical Considerations

According to Welman et al (1999: 181), ethical considerations become operational at “three stages of the research project; when participants are recruited, during the intervention or measurement procedure to which they are subjected; and in the release of the results obtained.

In the process of approving this study, the Director General of the Department of Social Development was approached to obtain permission to undertake the study. This approval was obtained in 2009. In addition, respondents were informed that the participation in the study was voluntary and they were requested to append their signature on the consent forms as evidenced in Annexure A.

According to Punch (1994), cited in Silverman (2001: 271), there are guidelines to assist researchers in respect of ensuring that ethical considerations are factored into the research and all these guidelines point to the need for 'informed consent'. Becker et al (2005:154-155) also mention the importance of concepts such as consent, confidentiality and safety that must be thought about when conducting research.

Based on the comprehension of the above, no respondents were coerced into participating and completing the questionnaires and further, respondents were informed that they could withdraw at any point during the research. Fortunately, this did not happen.

The issue of ethical considerations is expanded by Leedy et al (2001: 107-108) wherein the authors indicate that beyond informed consent, other three matters for reflection are "protection from harm" where respondents who participate in the research should not in any way be physically or psychologically harmed, "right to privacy" which basically means that respondents' identities should be protected unless permission is otherwise granted in respect of the presentation of findings and lastly, "honesty with professional colleagues" which alludes to the need for results of the study to be presented in a transparent way exactly as they are as opposed to "fabricating results" to fit with the study.

The researcher is cognisant of all these concerns and has not contravened any of these ethical considerations. The researcher is also bound by the ethics of the social work profession and these also serve as a guiding framework in the execution of this research.

5.12 Shortcomings and errors

Unfortunately, almost all research that is conducted has limitations due to the fact that it is extremely difficult to gather all the information that may be required.

This study has the following limitations listed below:

- 5.8.1 The research design and choice of purposive sampling is in itself a constraint due to the limitation of generalisation of the findings. The sample size is relatively small in comparison to the total population. If the sample size was extended to include a more representative sample of the total population, the results could be different.

- 5.8.2 The research only looked at the issue of population ageing in respect of its implication for older persons and not any of the other vulnerable groups although inferences were drawn when applicable.
- 5.8.3 The social development sector was a central point within the study as opposed to other sectors within the country.
- 5.8.4 The analysis of qualitative data is by its very nature a subjective process but every attempt was made to remain objective in the analysis and presentation of the results.
- 5.8.5 There were some gaps identified in the data in that a very small number of questions had no responses documented and in other forms, respondents completed the questionnaire but omitted to sign the consent form.

5.13 Summary and Conclusion

The research uses an exploratory research design within a qualitative research paradigm.

This study relates to the implications of population ageing on older persons and determines the perception of government and NGO officials within the social development sector. Therefore, the criteria for selection of the sample population were those officials within the two sectors of government and NGO that worked within the field of older persons and population development.

The study population comprised of a national stakeholder list that is utilised by DSD for purposes of engagement with the NGO sector. The study used purposive sampling which is the most important kind of non probability sampling. The research instruments chosen for this study were a qualitative questionnaire with open ended questions and a semi-structured interview schedule. The questionnaire was developed using a framework from Chapter Two and Three which focused on population themes and indicators. The questionnaire was piloted with officials at the national Department of Social Development and one NGO in Gauteng. The piloting went well and only minimal amendments were made to the original questionnaire.

The data collection procedure involved presenting the purpose of the study, the research objectives, the procedure for completing the questionnaire as well as the confidentiality and consent clause to all those that attended the national meeting.

The data capturing and editing was completed to enable a systematic analysis of the data. Content analysis was used to analyse the data within the context of the questions and the prevalent themes that emerged. These themes were then reviewed in order to quality assure the responses and in order to determine if there were other ways of interpreting the data.

The issue of validity was addressed through the process of triangulation where different data sources (when applicable) were used to corroborate the findings. The issue of dependability refers to the reliability of the indicator to assess the same phenomenon in the same way through recurring tests. The indicators used for determining the implication of population ageing (refer to Table 9) are internationally utilised and can be easily repeated within the context of older persons. Conformability was addressed by ensuring that all documentation generated during the course of the research is filed.

The researcher is cognisant of all the ethical concerns mentioned and has not contravened any of these ethical considerations. The researcher is also bound by the ethics of the social work profession and these also serve as a guiding framework in the execution of this research.

The limitations of the study are in respect of research design and sample where it is difficult to make generalisation, the focus being on older persons as opposed to other age groups, the subjective nature of qualitative analysis, and some respondents not signing the consent forms.

In Chapter 6, an analysis of the findings of the survey is provided. This analysis is completed using the structure of the questionnaire as a framework for the results and the techniques mentioned in the data analysis section of this chapter. Chapter Six is therefore the result of the methodology employed which has been detailed in this chapter and supports the research objectives of providing some comparative analysis on what the implications of population ageing are for older persons from the perspective of both government and NGO officials.

Chapter Six: Findings of the Survey

6.1 Introduction

This chapter reflects the findings of the study which was conducted with officials from both the government and NGO sector.

In terms of the overall aim of the study, the chapter addresses the following four objectives:

- To identify the issues that government officials and NGO's consider to be important for older persons;
- To explore the views of government and NGO sector officials on the five public policy population indicators for older persons;
- To compare the perspectives between government officials and NGO's in order to determine if there is a common understanding of the issues; and
- To provide a gap analysis on where interventions need to be targeted.

To address these objectives, the main research questions asked were:

- What is the DSD and government agenda on ageing?
- What are the challenges in service delivery for older persons?
- What are the priorities for older persons?
- Are there gaps in policy and programmes for older persons?
- What are the implications of the following five public policy population indicators for older persons?
 - Demographic determinants of ageing
 - Magnitude and speed of ageing
 - Changing balance between the age groups
 - Demographic Profile of the Older Population

- Socio-economic Characteristics of older persons

To respond to the objectives and the research question and aligned to the questionnaire which is which is attached as Annexure A, the findings are presented in the following sections:

6.2 Profile of respondents

6.3 Agenda on ageing

6.4 Implications of the five public policy population indicators for older persons

The results are presented in a narrative and diagrammatic format. The chapter is concluded in section 6.5 with a summary.

6.2 Profile of respondents

The respondents that participated in the research were from the government and NGO sector. These are officials who work in the field of older persons representing the nine provinces.

Table 11: Profile of respondents in the Government and NGO sector.

Age	31-40yrs	41-50yrs	51-60yrs	60yrs+	Total
Govt	4	7	6	1	36 Respondents
NGO	2	4	5	7	
Sex	Male	Female			
Govt	6	12			36 Respondents
NGO	6	12			
Experience	0-5 yrs	6-10yrs	11-15yrs	16yrs+	
Govt	5	4	4	5	36 Respondents
NGO	5	5	1	7	
Level of Management	Junior	Middle Management	Senior Management	No response	
Govt	1	12	4	1	36 Respondents
NGO			18		

According to Table 11, there were eighteen respondents from the government sector and eighteen from the NGO sector. This provides a total response rate of thirty six.

6.2.1 Profile of Government Officials

The profile of government officials is that the majority of respondents are between the ages of 41-50 years and 51-60 years. There are twice as many female respondents than males. The experience of these officials is spread almost evenly over the range from 0-5 years to more than 16 years. The majority of respondents from the government sector are in middle management and a small proportion (22%), represented senior management.

6.2.2 Profile of NGO Officials

The profile of NGO's is that the majority of respondents are between the ages of 51-60 years and above 60 years. There are almost twice as many female respondents than males which correlate with the profile for government officials. The experience of these officials is largely within the 6-10 years and over 16 years of experience. All of the respondents were in a senior management level, compared to the 22% for government officials.

6.3 Agenda on Ageing

In terms of the findings, only those responses with a majority of 50% and more are included for closed questions.

6.3.1 Do you think that the issues of ageing receive priority in the agenda of DSD and government?

The response to the question is contained in table 12 below.

Table 12: Responses by government and NGO officials on whether the issue of ageing receives priority in the agenda of DSD and government.

Response	Government Sector	NGO Sector
Yes	39%	33%
No	61%	61%
Yes and No	0%	6%

The majority response for this question was no for both government officials and NGO's in response to the question of whether the issues of ageing receive priority in the agenda of DSD.

The main reasons that were cited for the response being no from government officials was that there is no sufficient budget being allocated for older persons in respect of implementing the Older Persons Act⁵ (South Africa 2006), there is a sense that the issue of children receive more attention than that of older persons, there is no special Ministry that has been allocated the responsibility for older persons apart from the Department of Social Development, rural areas are being neglected and older persons who deserve government services in general are not prioritised. One respondent indicated that older persons are “more considered as a welfare issue rather than as a developmental human rights issue and there is a need to change the mindset.”

The NGO sector who responded no mentioned their main reasons to be the general lack of resources and support for older persons, the delay in approving the Older Persons Act, the lack of focus on key government messages where a respondent indicated that “all statistics and media statements commence with HIV/Aids, then children, then Society for the Prevention of Cruelty to Animals (SPCA), then hospice - lastly older persons.” Furthermore, other reasons that were listed include neglect in service provision to rural areas and the focus on children’s issues.

Predicated on an analysis of the responses reported above, it is apparent that there are similar reasons raised by both the government and NGO sector in respect of the opinions shared regarding their views that the issue of ageing does not receive priority in the agenda of government.

These are salient matters being raised by both government officials and the NGO sector. On the matter of inadequate budgets made available for older persons, this is further substantiated in section 4.8.2 of Chapter Four where the budget analysis has indicated that the children’s programme receives three times more the budget allocation than the older persons programme. However, this must also be viewed in the context that there are more children than older persons and excluding administration, the older persons programme receives the next highest budget in comparison to other programmes within DSD. However, this does not suggest that because of this, the budget for older persons programmes is adequate.

In respect of there not being a dedicated Ministry to deal with issues of older persons, the government of South Africa established a new Ministry called Ministry for Women, Children and

⁵ Any reference to the Older Persons Act is in relation to the Act No 13 of 2006

People with Disabilities and as evident in the name of the Ministry, there is no attention accorded for older persons.

In reflecting on DSD outcomes and sector priorities contained in the strategic plan 2012 to 2015 (DSD 2012: 13) there is no special focus on older persons. The early childhood development programme is accorded priority.

The notion of ageing not receiving attention on the agenda of government is further supported by Aboderin (2008: 422) where it is mentioned that “ageing remains virtually absent from mainstream development agendas. These centre, instead, on the achievement of the Millennium Development Goals (MDG’S) and/or World Bank/International Monetary Fund (IMF) driven poverty reduction aims and focus almost exclusively on policy priorities related to the ‘young’-namely education, HIV and AIDS, other infectious diseases, and maternal health.”

6.3.2 Ten suggestions by both government officials and NGO’s on how the issue of ageing can be placed on government’s agenda.

In a comparison of the responses of government officials and NGO’s, the list below reflects the common suggestions made:

6.3.2.1 Identify a political champion for older persons and educate all politicians on the subject of population ageing and its repercussions for South Africa.

6.3.2.2 Establish older person’s desks in the President and Premiers offices at national and within all provinces. Alternatively, the Ministry of Women, Children and People with Disabilities should be extended to include Older Persons in order to elevate the issues of older persons and facilitate monitoring of programs.

6.3.2.3 Allow for the representation of older persons forums within parliamentary structures.

6.3.2.4 Provide more resources towards services for older persons. This includes having more social workers employed within the field of older persons, having dedicated government officials who work exclusively within the portfolio of older persons and providing additional funding for community based care services, residential care, active ageing programs and NGO subsidies.

6.3.2.5 NGO's within the field of older persons need to become vigorous in advocating the needs of older persons in order to put pressure on government to acknowledge the concerns of older persons and address them.

6.3.2.6 Create public awareness of ageing matters and the implications of an ageing society using all forms of media.

6.3.2.7 Refrain from creating a "competition" between children's issues and older person's issues and deal with both in a balanced manner.

6.3.2.8 All government departments must be educated about the subject of ageing and there must be a concerted coordinated effort to jointly address the challenges.

6.3.2.9 Establish older person's forums in all provinces and use the South African Older Persons Forum as a lobbying tool.

6.3.2.10 Use the Older Persons Act of 2006 to promote the entire discourse of older persons within government and society.

6.3.3 (a) Non Government officials are of the view that the Department of Social Development is not doing well in the following areas:

The most dominant response was providing adequate funding to NGO's in respect of funding programmes for older persons. One respondent summed up this matter by saying that DSD is "not providing a sustainable and fair funding model to NGOs that provide services to older persons." This matter is of serious concern currently within the DSD environment because the National Association for Welfare Organisations has taken the DSD to court in Free State regarding the various inadequacies in respect of the payment of subsidies to NGO's. According to an article titled "Welfare groups fight for survival" which appeared in the Mail and Guardian, in August 2010, the Bloemfontein High Court ruled in the associations favour. However, DSD has appealed the ruling because of the fact that a favourable judgment for NGO's made on this case in the Free State would have national implications for all the remaining provinces and the therefore, the outcome of the appeal process is awaited (Swart 2012: 19).

Another finding was that DSD is not consulting with older persons and respecting their views as well as recognising their role and mainstreaming ageing as part of youth development and education. The NGO sector feels that DSD is not lobbying and advocating for the needs of older

persons adequately in respect of acquiring additional budgets for programmes and access to services. The poor implementation of policies, coordination of role-players and planning were also considered issues that DSD is not doing well.

Furthermore, the lack of provision of infrastructure and improving access for older person's services in respect of residential care was mentioned. One of the respondents indicated that there is "no specialised Alzheimer's homes for the elderly in black communities. This is an important statement because an audit was conducted by DSD on residential facilities in South Africa in order to assess and analyse the quality of services in 426 residential facilities. The findings of the study (DSD 2010: 18) have demonstrated that there is a disproportionate location of residential facilities in the wealthier provinces of Gauteng and the Western Cape, with a distinct lack of facilities in poorer provinces such as Limpopo, Eastern Cape and Free State. Furthermore, the majority of facilities (79%) are concentrated in metropolitan formal areas or small urban formal areas. Only 5% are in informal or squatter areas while 16% are in rural areas.

The poor monitoring by SASSA was viewed in the context of older persons still having to wait in long queues to receive their grants. This is also supported by studies completed by Makondo, Moagi, Graupner and Smith (2002: 59-66) where the issues that older persons raised in respect of queuing for receiving the state old age pension included that the pay-point is far from their homes, there is no shelter when it rains or it is too hot, they cannot access the pension because of the lack of identity documents, they have had threats to take their money at the pay-points, especially if their children have not accompanied them and are cheated by hawkers selling food or other goods at the pay-points which is also supported by Reddy (2002: 27).

DSD is also not seen to be doing well in monitoring the work of social workers at ground level to ensure that they conduct their functions and activities as prescribed by the legislation for older persons.

The subject of the community based care programme was raised in respect of it being inadequate to cater for the needs of older persons. This was aptly stated by a respondent who mentioned that "according to the Act, older persons should be in the community as long as they live but there is no plan B for those frail older persons whose children are employed or who are on their own." This is an area of concern because community based programmes are very important and are aligned to the Madrid International Plan of Action on Ageing and SA policy for

older persons. In fact, the paradigm shift from residential to community based care was one of the main reasons for amending the older persons Act of 1967 as amended in 1998 and therefore, this programme should be well developed within communities.

The provision of medical aid was also viewed as an important matter that DSD is not doing well (although, health matters are a function of the Department of Health). As stated in Chapter Three, section 3.3.1.6, access to medical aid is limited for the black African older persons.

The lack of coordination among the various sectors and role-players was raised as another matter that DSD is not doing well. This is an important matter because the implementation of the Older Persons Act (South Africa 2006) requires inter-sectoral coordination and collaboration. A respondent mentioned that “interacting with other departments in order to provide all the facilities needed to provide quality care for older person e.g. Department of Health is lacking.”

Issues that were raised individually by respondents were the need for DSD to get more human resources to focus on the abuse of elderly, improving access to services for older persons, reducing administrative paperwork for NGO’s and improving their (government officials) knowledge about the needs of older persons. Training for older person clubs and service centres was raised by another respondent who indicated that “DSD must provide basic training in financial management before making available any funds to any organisation that serves older persons e.g. service clubs for senior citizens.”

6.3.3 (b) Government officials are of the view that the Department of Social Development is not doing well in the following areas:

The leading issue for government officials was the provision of adequate funding and budgets for programmes and services for older persons. The next important issue was the provision of human resources to provide services for older persons and having social workers that are trained to specialise in the field of older persons.

The need for provision of infrastructure for residential and service centres for older persons and inter-sectoral coordination of older person’s services among different stakeholders as mentioned by a respondent that “consultation and interdepartmental collaboration is crucial in addressing the challenges/needs of older persons” was also raised.

“More mobilisation of the senior politicians so that they do not relax and come to understand that ageing is a natural process and therefore needs to be prioritised in terms of policies and

funding” was a recommendation by a respondent who felt there is poor lobbying and advocacy on the issues for older persons.

The need to abolish the means test was elevated as a concern in order to enable more older persons to access the state old age grant. The government officials feel that DSD does not put the issue of ageing high on the agenda of DSD.

Providing economic empowerment opportunities that are developed specifically for older persons, being decisive on matters concerned with older persons, development of community based services and improvement in the management of residential facilities were other important issues that government officials feel that DSD is not doing well in.

In an assessment and comparison of the responses between government officials and NGO’s, the following is a summary of the related issues that have been identified in respect of the areas that DSD is not doing well in:

- providing adequate funding for services and programmes for older persons;
- coordination of programmes between the various government departments and stakeholders;
- infrastructure provisioning especially for black African older persons;
- development of the community based programme;
- implementation of policies;
- monitoring of service delivery for SASSA and social workers; and
- advocacy and lobbying on the issues of older persons

6.3.4a According to NGO’s, DSD is doing well in the following:

6.3.4.1a Partnership with the NGO sector

The provision of funding and subsidies of older person’s programmes (community based service centres and residential facilities), is acknowledged as a positive contribution made by the Department of Social Development although the value and disparity within the subsidy is a matter of concern.

The training that is provided by DSD to NGO's in respect of the Older Persons Act, 2006 and the workshops for the committees of service centre clubs are recognised.

The monitoring of services to older persons is also seen as a constructive input toward the goal of ensuring quality services and protection of the rights of older persons.

6.3.4.2a Development of Policies and Legislation

DSD is viewed favourably with respect to the development of policies, legislation and programmes for older persons. As stated by one of the respondents, DSD is doing well with the development of "legislation, providing guidelines and is really making a concerted effort to have the new Act, norms and standards implemented."

6.3.4b According to government officials, DSD is doing well in the following:

The response from the government officials include the two areas mentioned above by the NGO sector and the following additional areas listed below:

6.3.4.1b Establishment of the South African Older Persons Forum

The forum was established in 2005 by the Department of Social Development to advocate for issues affecting older persons. The forum receives a subsidy from the Department of Social Development as a contribution to support its activities.

6.3.4.2b Provision of the state old age pension

The Department of Social Development provides an old age grant to over two million older persons on a monthly basis amounting to R3 billion per month. The pension is provided as part of providing income support for older persons in order to ensure their social protection and the value of the grant is increased annually.

6.3.4.3b Promotion of active ageing

The Department of Social Development has initiated an active ageing programme called the "Golden Games" which is an annual event that is celebrated.

6.3.4.4b Policy shift from residential to community based model

The Older persons Act No 13 of 2006 detracts from its predecessor in so far as adopting a development approach that places older persons within the home/community based environment as opposed to residential care through the provision of community based programmes for older persons.

6.3.4.5b Creating job opportunities for caregivers

The field of older persons does create employment due to the care and support that is required particularly by the frail older person. This need is required for both residential and community based services.

6.3.4.6b Advocating for the prevention of abuse of older persons

The Department provides a subsidy to NGO's in support of programmes to create awareness in the prevention of the abuse of older persons as well as the management, care and support to older persons who have been abused for example, the Halt Elder Abuse Line.

6.3.4.7b Commemoration of events for older persons

The main events that are supported by the department annually are:

- International Day for Older Person
- Golden Games
- Grandparents Day
- International Day against the Abuse of Older Persons

6.3.4.8b Partnerships with the International community on older persons issues

South Africa participates at the UN Social Development summit which is held annually in New York.

Based on the comparative analysis of responses, it is apparent that the state officials have identified many more areas that DSD is doing well with regards to older persons than the NGO sector was able to identify. However, it is expected that officials within government will consider their work efforts and that of their employer which is the government, more highly and subjectively than the NGO sector.

6.3.5 Top five most important matters concerning older persons

The respondents were given eight options in terms of critical issues that they would consider as priorities for older persons. Of these, five were to be chosen as the top priorities.

6.3.5.1 Top 5 priorities for Government officials

According to Table 13, government officials found that their top five priorities for older persons are (1) healthy ageing, (2) economic security, (3) community/home based care services for older persons, (4) having care and support systems for older persons and (5) an improved quality of life. The three options that were not chosen for government officials were poverty,

literacy for older persons and changing family structures and functions. The possible reason for the issue of poverty not making it on the government official's priority list is probably because a large majority of older persons (2.7 million) receive an old age grant and therefore the officials did not see poverty as a priority for older persons. The issues of literacy and changing family structures and functions for older persons are not areas that DSD is currently working on in respect of their strategic objectives and therefore, they possible do not view these as priorities.

Table 13: Top 5 priorities for Government and NGO sector officials.

Priority Number	Government Officials Issue	Priority Number	NGO sector officials Issue
1.	Healthy Ageing	1.	Care and support systems for older persons
2.	Economic Security	2.	Healthy Ageing
3.	Community/Home based care services for older persons	3.	Quality of Life
4.	Care and support systems for older persons	4.	Economic Security
5.	Quality of Life	5.	Poverty

6.3.5.2 Top 5 priorities for NGO sector

The NGO sector ranked their top five priorities recorded in Table 13 above as (1) care and support systems for older persons, (2) healthy ageing, (3) improved quality of life, (4) economic security and (5) poverty alleviation. The three options that were not chosen by the NGO sector are community/home based care and services for older persons, changing family structures and functions and literacy for older persons.

In evaluating the responses from government officials and NGO's, it is evident that there are four priorities that have been identified which are common to both groups although they are ranked differently. There is disagreement on two priority areas where government officials listed Community/Home based care services for older persons and the NGO's listed poverty.

In respect of the rankings for the NGO sector, it is also interesting to note the ranking of economic security (priority 4) followed by poverty (priority 5). There is an obvious relationship between the two priorities in that economic security for older persons is about alleviating or reducing poverty.

Healthy ageing is also listed high up on the priority list as priority 1 for the government officials and priority 2 for the NGO sector. This concept is widely supported because there are benefits to active ageing both for the individual and society at large as discussed in section 3.3.1.6 of Chapter Three. According to Kalache (2007: 41), these include lower costs for providing care and increased participation in all spheres of life.

6.3.6 The challenges facing government and NGO officials in service delivery.

In reflecting on these issues affecting government and NGO sector officials, the following matters were raised as challenges:

6.3.6. (a) Government responses

6.3.6.1 (a) Lack of resources

This is funding for programmes and services for older persons including community based care, salaries for staff in residential care facilities and implementation of the Older Persons Act No. 13 of 2006. As one respondent indicated, it includes lack of funding for “tools, staff, vehicles, communication tools, and phones.” The issue of lack of resources also includes human resources in respect of social workers and health care professionals. Social work has been declared a scarce skill and the sector is challenged with capacity in this area as documented in Earle (2007: 1-10).

6.3.6.2 (a) Poor coordination and cooperation from stakeholders

The issue of poor coordination and cooperation from stakeholders creates a challenge for the delivery of services to older persons. In order for the quality of life for older persons to be improved, it requires a concerted effort across a number of sectors and DSD cannot provide all these services as a single department. However, facilitating the process of coordination of services can improve service delivery to older persons e.g. Health, Transport and Education.

6.3.6.3 (a) Reluctance to report cases of abuse of older persons

The incidence of abuse of older persons is an issue of concern. Some older persons are hesitant to report when they are abused because of fear of victimisation. Furthermore, they are

afraid to provide evidence in cases of abuse. This view is also supported by Ms Pat Lindgren from the Halt Elder Abuse Line as indicated in Chapter Three, section 3.3.1.7.

6.3.6.4 (a) Availability of infrastructure

The availability of infrastructure for service centres and residential facilities is a challenge as well as having sufficient equipment required to operate the facilities.

6.3.6.5 (a) Lack of leadership

There seems to be discontentment regarding the lack of direction and guidance from senior managers in the field of older persons. This is probably a reflection of the fact that the majority of respondents from government (66%) are from middle management.

6.3.6.6 (a) Obsolete older persons policy

This matter relates to the older persons policy being outdated and the lack of support for the implementation of the policy. The policy was developed in 2006 and probably should be reviewed in light of emerging issues that would have to be included e.g. review of the definition of older persons.

6.3.6(b) Non Government responses

6.3.6.1 (b) Funding and Budgetary constraints

Similar to the findings for government officials, the deficiency in respect of sufficient budget being available for services, programmes and salaries for professionals and caregivers of older persons is a significant challenge that impedes service delivery. The consequence of budgetary constraints is that there are limitations in the number of skilled and professional staff that can be employed which impacts on service delivery.

6.3.6.2 (b) Inadequate infrastructure

The infrastructure for older persons is inadequate and there is not sufficient space within some of the facilities for manager's offices, halls for recreation purposes, visitor's room and sick rooms for older persons. The facilities are usually old and as one respondent indicated that there are "not enough institutions for older persons like frail care and old age homes."

6.3.6.3 (b) Affordable and accessible transport

Affordable and accessible transport is another major concern within the realm of service delivery for older persons. There is a lack of transport for older persons and the public transport system is not efficient and accessible for older persons.

6.3.6.4 (b) Access to basic services

It is reported that there is a “lack of basic amenities e.g. halls, running water, access roads, and electricity” as reported by respondents for older persons. This also includes the provision of “specialised” housing for older persons. However, while access to basic services is not yet universal for older persons, according to StatsSA (2011b: 115) access to services are improving for older persons more than they are for the general population as indicated in Chapter 3, section 3.3.1.3.

6.3.6.5(b) Lack of Support from DSD

The lack of support from DSD is viewed as a challenge in respect of the following:

- Poor communication and cooperation from government officials;
- Lack of consultation and feedback;
- No site visits and reports; and
- Poor planning and coordination of programmes

6.3.6.6 (b) Lack of geriatric care

There is a problem in respect of the availability of medication for older persons and specialised geriatric care.

6.3.6.7 (b) Abuse of older persons

The abuse of older persons as mentioned by one respondent is viewed as “disrespect of older persons at government offices as well as pension payout points.” The incidence of abuse of older persons is a matter of concern.

6.3.6.8 (b) Illiteracy among older persons

Older persons being illiterate are another problem in the delivery of services to older persons. As one respondent mentioned “older people are illiterate.” The literacy levels of older persons in rural areas are of particular concern.

6.3.6.9 (b) Accommodation for older persons

It is difficult to place older persons who are not frail but require care in old age homes. One of the respondents from the NGO mentioned that “placement for elderly who are on a pension or have limited income is a challenge. Old age homes are full and frail care placements are difficult.” The availability of support services within the community are also a dilemma for those older persons who remain in their homes. The home-based care programme is not sufficient to provide care in the community for older persons.

6.3.6.10 (b) Community involvement

The lack of awareness on the issues of ageing and getting the community involved in caring and providing services to older persons is a challenge. A respondent stated that “volunteers don’t want to volunteer, they want money.” This is particularly difficult for NGO’s who need assistance in the implementation of their programmes.

In an assessment of the views of government officials and NGO sector officials, it is evident that collectively, sixteen challenges were identified wherein three are common namely, lack of resources, abuse of older persons and inadequate infrastructure.

6.3.7 Government officials and NGO’s have identified the following to be gaps in the older person’s legislation:

These are a list of the prevalent issues raised by both government officials and NGO’s.

- The fact that the roles and responsibilities for all government departments are not legislated in the Act. Legislating this would assist to make intergovernmental cooperation mandatory as opposed to discretionary and thus improve services to older persons. As an example, one respondent indicated that “legislated responsibility for protection of older persons should explicitly require integrated involvement of SAPS, Health and Justice Departments in addition to DSD.” All stakeholders are not aware of the Act and its associated obligations.
- Implementation of the Act is the most serious gap. According to Mahlangu (2010), the Act was passed in 2006 and all areas of the act are not implemented due to budget and human resource constraints. In particular, frail care programmes are not adequately funded.

- The lack of dedicated funding for the implementation of the Act.
- There is no provision for cluster homes for older persons who require accommodation in communities.
- The legislation does not explicitly state which stakeholder would assume the responsibility to provide infrastructure for older persons services e.g. old age homes and service centres.
- There is no clear provision for services to older persons in rural areas. The norms and standards do not take into consideration the urban-rural dimensions and thus this disadvantages rural older persons in respect of older person services.
- Some critical forms were excluded from the regulations which gives effect to the implementation of the Act (South Africa 2006) e.g. restraint forms.

Two of the respondents mentioned that it is a good Act with very few limitations.

6.3.8 Opposing views on the consultation of older persons in the development of policies and legislation

The government officials are of the dominant view that older persons are consulted in the development of policies and legislation, whereas the NGO sector opposes this view indicating that older persons are not consulted.

The government sector indicated their reasons to be that older person's organisations and forums representing older persons are consulted in primarily the development of policies and legislation. In addition, consultations take place through community dialogues, imbizo's and workshops.

The NGO sector mentioned that DSD just implements without the consultation with older persons, their views are sidelined not only by DSD but by other government departments largely due to the top down approach. One of the respondents aptly points out that "DSD should avoid/discard the top down approach and rather seriously look into the bottom up approach." In this regard, it is obvious that there are conflicting outlooks with reference to the consultation of older persons in the development of policies, legislation and programmes. Consultation is of

critical importance in the sustainable livelihood framework and an important principle to ensure that older persons are consulted.

6.4 Demographic Determinants of population ageing

6.4.1. Implications of the demographic determinant of increased life expectancy (responses from both government and NGO's)

“Older persons will be living longer and there will be more older people” was a general statement made by many of the respondents. This is supported by the National Development Plan (South Africa 2011a: 79) wherein it is indicated that life expectancy will increase and older persons will become a larger share of the total population.

The dominant views espoused are that there will be an increased demand for services by older persons. Older persons will require care and support and this will have an implication for social security provision and in particular, social assistance. The National Development Plan also reflects on this in respect of indicating that the “projected demographic profile will affect government spending in terms of pension provision” (South Africa 2011a: 79). There will be a need to expand support systems for older persons and residential facilities. One of the respondents indicated that “the elderly population is expecting to increase significantly, so would the concurrent demand for services” and another mentioned that “provision needs to be made to cater for the increasing needs and demand - thus greater investment in service provision for the elderly is required.” Increased demand for services would mean increased budgets being made available for the provision of services. This would require increased funding for housing and medical care.

There will be an increase in family responsibilities for older persons who will be responsible for caring for grandchildren. As a respondent mentioned, “We are faced with South Africa whose majority of older persons have to look after their grandchildren” and another stated that “the middle aged generation will also decrease due to the scourge of HIV and young children will continue to be under the care of older persons.” Therefore, older persons will continue to be the head of households. Education and skills development will be crucial for the future workforce and adult basic education and training in order to improve the literacy of older persons is required.

Government would have to engage in early planning for older people. This was amplified by a respondent who indicated that “there is a need to budget and plan for people over the age of 60 years as they will be out of the labour market.”

Home and community based programmes would have to be strengthened and more active ageing initiatives would need to be introduced. One of the reasons mentioned by a respondent is to “encourage older persons to live in their homes as long as possible to minimise the cost of frailty.”

A few respondents indicated that poverty among older persons is likely to increase and one of the respondents mentioned that “people will get older before they get richer.”

6.4.2 Do you think that South Africa will be ready for an ageing society?

The response from government officials on this matter is one that is in opposition within the same group. Half of the respondents feel that the South Africa is not ready for an ageing society because older person's issues are not taken seriously, there is no evidence of the country planning for this and medical services are not adequate for the huge population. Furthermore, roads, transport and housing are not adequate for an ageing society. There is more attention being paid to HIV and AIDS pandemic, facilities and programmes for older persons is insufficient with limited resources, government strategies are mostly directed to children and the youth and there is a decrease in the traditional safety net of the extended family. Poverty still remains a huge challenge for the country and efforts are usually directed to address this issue.

The other half of the government sector feels that the older persons Act has been developed and is being implemented thus affording protection for older persons, South Africa is a signatory to many UN declarations, there is an increase in the establishment of service centres for older persons and programmes are being developed to cater for an ageing society.

The prevailing views of the NGO sector are that South Africa will not be ready for an ageing society because older persons are marginalised, the government is short-sighted and there are too many problems facing the country at present. Furthermore, there is an assertion that the current social security, health care and home based programmes are not able to cope with the number of older persons and as part of a recommendation, South Africa must introduce a new pension scheme for all people who are working given that it is not compulsory to contribute to pension fund. There are limited financial planning programmes focusing on retirement planning

and there is a lack of education on the ageing process. A respondent indicated that “unfortunately ageing is a known fact that very few people want to acknowledge.” Another respondent mentioned that “South Africa also needs thinkers and strategists, these people are lacking in the government at the moment.”

Therefore in comparison, the prevailing view on this matter is that South Africa will not be ready for an ageing society for the reasons stated above.

6.4.3 Do you view the issue of ageing as an opportunity or a challenge?

Within the context of the responses from the government officials and NGO sector, this is seen as an opportunity by the government officials and a challenge by the NGO sector.

The issue of ageing is considered an opportunity by the government officials because older persons are making meaningful contributions to society and their families. In view of the impact of HIV and AIDS on the younger generation, older persons are caring and supporting households. Older persons are able to share their experience and wisdom with the younger generations. To support this outlook, research conducted by Lombard and Kruger (2009: 124) attest to the contribution that older persons make to their families in respect of providing care for their sick children and orphaned grandchildren. Furthermore, it is seen as an opportunity as South Africa still has some time to prepare for an ageing society as in contrast with other developing countries that are already experiencing a crisis due to their ageing population as evidenced in Chapter Two and Three.

The views of the NGO sector are pessimistic in contrast to the views of the government sector in that the NGO sector is of the opinion that the issue of ageing is a challenge for South Africa. The reasons mentioned include the lack of family support systems for older persons, the impact that an ageing society has on the economy in terms of the costs of health care, social security and frail care. In line with the above, May (2003: 7) indicated that as older persons age, they often lose their spouses, their parents as well as their brothers and sisters. Therefore, the implication is that there have limited support systems. NGO's are of the opinion that the younger generation have not internalised the moral values of how to care and show respect towards older persons.

In addition, South Africa is experiencing a high unemployment rate and there is a lack of skilled workers to support an ageing society. This view is supported by the total dependency ratio

which is higher for elderly households compared to South African households in general. In 2010, older male headed households had a higher dependency ratio (1.86) compared to older female headed households (1.76) and South Africa as a whole (0.79) (StatsSA 2011: 98-99).

6.5 Magnitude and Speed of Population Ageing

6.5.1 How will people age in the future?

The collective views which were similar for government officials and the NGO sector are that people are expected to live longer due to advancing medical technology and therefore provision needs to be made to cater for a large number of older persons and their special needs.

People that age in the future “will be stronger and able to fend for themselves and will work for longer than 60 years” is a response by an older person who is older than 60 years from an NGO. Furthermore, the other sentiments are that people will age actively if health issues are properly addressed as well as education. A respondent mentioned that the requirement for older people to have an improved quality of life in the future is largely attributable to “the promotion of active ageing, healthy lifestyles and a secure environment.” Another respondent indicated that “people who age in the future will be no different from the present unless there are major education drives and endless funding for this.”

On the other hand, some respondents feel that older persons might be less healthy because of the responsibilities that they have caring for their grandchildren and becoming parents for the second time.

6.5.2. How will the ageing of populations affect government policies?

All of the respondents, both from government and the NGO sector indicated that these are the policies that would be affected as the population ages:

- Policies will have to be reviewed and costed to accommodate the needs of future older persons. The new policies will have to focus largely on community based care and protection.
- More programmes for older persons will need to be established.

- Social security policies must be revisited as one respondent mentioned that “the social security program and policies need to be relooked in order for younger people still in employment to make provision for their financial needs in their old age.”
- Health care policies must be developed to cater for the growing numbers of older persons and the promotion of active ageing.
- Retirement policies have to be adjusted to enable older persons to work longer than the retirement age and “support their extended stay in the economy.” Furthermore, these policies would have to encourage young people to prepare and plan for their old age to enable them to age with income security. Employment policies must accommodate an ageing workforce.
- Policies on ageing mainstreaming must be developed.

6.5.3 What will become the most common problems late in life?

In respect of the responses from government officials and the NGO sector, the following comparable issues were identified:

6.5.3.1 Older persons being reliant on the younger population. A respondent indicated, “Children will then be faced with a burden of having to also care for older persons while they also need people to care for them.”

6.5.3.2 Increased dependency of older persons in respect of health care, support and protection from the state and the need for assisted living programmes.

6.5.3.3 Increase in the budget for the state old age grant.

6.5.3.4 Inadequate family and community support systems and lack of care and protection for older persons.

6.5.3.5 Demand exceeding supply for residential accommodation, frail care centres and community based services.

6.5.3.6 Increased illiteracy if matters of education are not addressed presently.

6.5.3.7 Increase in non communicable diseases, mental illnesses and HIV and AIDS.

6.5.3.8 Increase in the abuse of older persons

6.5.4 Which older people will encounter them the most (i.e. the problems mentioned in 6.5.3)?

Government and NGO officials are of the view that the older persons who would encounter the problems listed above the most are reflected in Table 14 below:

Table 14: Responses from government and NGO's.

No.	Government	No.	NGO's
1.	Poor, vulnerable and previously disadvantaged older persons.	1.	Women
2.	Older persons older than 70 years.	2.	Poor, vulnerable and previously disadvantaged older persons
3.	Older persons in rural areas	3.	Older persons in rural areas
4.	Women	4.	Older persons who live in peri-urban and urban areas.
5.	Frail older persons	5.	Older persons with disabilities

It is evident from Table 14 that the responses from both government officials and NGO's are quite similar with full agreement on three areas, namely poor, vulnerable and previously disadvantaged older persons, older persons in rural areas and women. There are two issues mentioned that are different were government officials identified older persons older than 70 years and frail older persons while the NGO officials mentioned older persons in peri-urban and urban areas and older persons with disabilities.

6.5.5 Will age norms and roles change as demographics shift?

The general view between the government and NGO officials is that age norms and roles will change as the demographics shift.

According to the views expressed by government officials, the age norms and roles will change because there will be more older persons and people will be living longer, therefore, the retirement age will have to be reviewed so that older persons can remain in employment longer. The budget for social assistance grants will have to increase to accommodate older persons on the system. Older persons will be heads of households and the future older person will be more empowered than the older person of today.

The evidence in support of this opinion is provided by Statistics South Africa, (2011b: 94), where in the report on the social profile of vulnerable groups released in December 2011, it was highlighted that the percentage of households that are headed by older persons has increased from 18,7% in 2002 to 20,5% in 2010. The predominant reasons which have resulted in older persons heading households are the impact of HIV and AIDS, labour migration and poverty. These social issues have altered the household composition of families in South Africa.

Some older persons will also be in need of care and will require various forms of family and community care.

The NGO sector shares the same views as the government sector and additionally mentioned that discrimination in the workplace for older persons will no longer exist as societies will have to depend on an ageing workforce and the issue of gender equality will have to be addressed. Furthermore, due to HIV and AIDS, the role of older persons will continue to be that of caregivers for their grandchildren. Furthermore, older persons will also have special needs that must be addressed.

6.5.6 What mechanisms should the Department of Social Development put in place to create an enabling environment for older persons?

The following lists of mechanisms have been stated by both the government and NGO officials. These have been clustered into thematic areas to aid the process of comprehension.

6.5.6.1 Awareness and Education programmes

DSD must create and roll out awareness programmes on the issues of ageing. One the respondents indicated that there should be “awareness raising in order to include older persons issues at the forefront of the country's agenda or priorities.” In respect of education, there should be education and skills training for older persons. They should be educated and

empowered to meet the demands of the future. Continuous workshops on changing demographics and the implications of these changes should be held with all stakeholders.

6.5.6.2 Review of policies and services

Older person's policies and services must be reviewed and strengthened in order to update the policies and legislation to meet the changing needs of older persons. There must be a focus on providing better community resources to enable older persons to remain in their communities. One of the respondents mentioned that "to fund and establish accessible and affordable community based services to meet the special needs of the aging population so that they can maintain their independence and dignity within the community rather than resort to institutional care which is a costly option." Service norms and standards should be budgeted for and uniformly implemented in provinces. Older persons should be consulted on the development of policies and programmes. A range of policies and services must be developed for older persons in respect of facilitating active ageing, the provision of support for older persons who are employed, promoting intergenerational programmes and poverty eradication.

In addition, the need for preparing for an ageing society was raised with a respondent indicating that this programme should target middle aged people and another indicating that there is a need for "education of young people to be better prepared for ageing."

6.5.6.3 Research

It is important to keep abreast of research and development within the field of older persons, understanding their situational analysis and using this to review and design new policies.

6.5.6.4 Budget

There should be an effort made to acquire resources (financial and human) for older person's programmes. Institutions for older persons must have adequate resources, comply with the Act (South Africa 2006) and implement it. Furthermore, funding should also be directed to community based care services in order for older persons to remain in their communities. There should be an inclusive budget from all the departments to create an enabling environment for older persons.

6.5.6.5 Partnership

Partnerships should be developed to aid the process of integration of services with government departments. The need for collaboration of programmes within the various sectors (Health,

Education, NGO sector, Housing, Local government, NGO, faith based organisations) is a requirement for the successful achievement of the goals encapsulated in the Act (South Africa 2006). Caregiver agencies must be in place in order to create an enabling environment for older persons.

The working relationship between the national and provincial departments needs to be strengthened and services and programmes must be uniform across the provinces.

6.5.6.6 Building Infrastructure, Safety and Security

There must be an improvement in infrastructure (housing) for older persons. Furthermore, there must be one stop centres established for older persons. The issue of visible security to ensure the safety of older persons was also raised as a mechanism to create an enabling environment for older persons.

6.6 Changing Balance between the age groups

6.6.1 What does this mean for the programmes and policies that exist within the Department of Social Development?

This was the general response from both the government officials and NGO sector.

- The intergenerational concept will need to be strengthened and specific programmes will have to be designed.
- There needs to be a policy and budget shift to accommodate the changing balance in the age groups.

6.6.2 What are the social and economic implications of having fewer working age persons for each person aged 65 years and older (Potential Support Ratio)?

The responses to this question for both government and non government organisations are listed below:

A predominate response was that there will be increase in the demand for services. "Older persons will now become dependent on other groups for survival as those who were working will also not have sufficient income to sustain their standard of living therefore putting more burden on government to continue to take care of older persons' livelihoods."

Another respondent indicated that “the economic status of our country is already in a challenged state. They (older persons) need to be allowed to participate even if it's on a minimum scale.”

The state will have to assume more responsibility for providing care and support for older persons. The government will have to support older persons who never worked and dependency ratios will continue to increase.

6.6.3 What types of services will older persons require?

Table 15: Responses by government and NGO's on the types of services older persons would require.

No	Government	No	NGO's
1.	Parenting skills	1.	Home based care
2.	Home based care	2.	Residential care
3.	Caregivers support	3.	Geriatric medical care
4.	Access to basic services, Education, Health, recreational services	4.	Transport
5.	Residential care	5.	Parenting skills

In respect of a comparison of the responses, once again, there are similar responses between government officials and NGO's. The only difference in this table is the specific statement of caregivers support and access to basic services mentioned by government officials and geriatric medical care and transport mentioned by NGO's.

The issue of geriatric care as mentioned by the NGO's is an important one because in respect of the training and availability of health care professional in the specialised area of geriatric care, in South Africa, there are nine registered geriatric specialists and training for geriatricians is provided at three accredited medical schools, namely universities of Bloemfontein, Stellenbosch and Cape Town. However, several medical schools house geriatric units including Universities of Witswatersrand and the Nelson Mandela Medical School. A diploma for doctors is being developed in geriatric care. The Department of Health in conjunction with the University of Witswaterand has developed a nursing course in gerontology (Reddy 2002: 49).

A report presented to the Portfolio Committee on Social Development by the SA forum for older persons (2010a: 5), highlighted the challenge of professionals showing disinterest in the field of geriatric care based on a study completed by Ferreira and Kalula (2006), cited in the Newsletter of the SA Forum for Older Persons (2010b: 1). This has serious negative connotations because many doctors are not well trained to provide care for older persons. Furthermore, there is no recognition of gerontological nursing science as a qualification registered with the South African Nursing Council. The SA forum for older persons has appealed to the Nursing Council to review this decision and they are waiting for a response.

6.6.4 How will the services rendered by the Department of Social Development and government need to transform to address the needs listed in question 6.6.3?

The following comparable response was generated by both government and NGO officials.

6.6.4.1 The admission policies of residential accommodation for older persons would have to transform in respect of their admission criteria so that more older persons are able to access them.

6.6.4.2 Services will have to focus on active ageing so that older persons are able to enjoy a better quality of life.

6.6.4.3 There must be ongoing surveys and research done to determine the needs of older persons and policies must be responsive to these needs.

6.6.4.4 Facilities where services are to be accessed must cater for both older persons and children.

6.6.4.5 More education programmes must be developed to empower older persons.

6.6.4.6 Services must be accessible within communities.

6.7 Demographic Profile of the Older Population

6.7.1 What do you think are the relevant gender issues that affect older women?

Based on an analysis of the responses of both government and NGO officials, there is consensus on the following issues that affect older women which are listed below:

6.7.1.1 Abuse and domestic violence

6.7.1.2 Being regarded as witches and living in fear of being killed. In Tanzania, 317 older women and 28 older men were killed as a result of witchcraft accusations between 1999 and 2003 (Challenging witchcraft 2009: 5).

6.7.1.3 Gender discrimination on the basis of age (One respondent indicated that the retirement age is still not the same with men in our country).

6.7.1.4 Being caregivers to children/grandchildren and the heads of households.

6.7.1.5 Poverty

6.7.1.6 Loneliness

6.7.7 Illiteracy

One of the respondents mentioned that, “The issues affecting older women are thus issues of financial dependence and lack of access to credit because of being illiterate, not being in employment in their younger days and because of rearing children etc.” Another stated that, “Older women lack property rights which means that widowhood brings with it a loss of home and property.”

6.7.2 Do you think that DSD policies and programmes address the issues of gender equality amongst older persons?

The prevalent view by both government and NGO officials is that the policies and programmes of DSD have addressed the issue of gender equality between male and female older persons.

The programmes that are offered by the Department of Social Development do not discriminate against older persons on the basis of age or gender. Policies and legislation were developed to address the needs of older persons and they accommodate both males and females.

The view expressed above is primarily due to the equalisation of the state old age grant (which was a case of discrimination against older men on the basis of age), which was progressively implemented from the year 2008 to 2010.

However, while respondents indicate that gender equality has occurred, this has transpired in the social assistance programme. The Act still bears age discrimination in the definition of older persons as reported in section 4.7 of Chapter Four. The plausible explanation for respondents not mentioning this could be that in practical daily service delivery to older persons, older males

who are below 65 years are not turned away for service delivery and this is therefore not an issue.

6.8 Socio-economic Characteristics of older persons

6.8.1 What needs to be done to allow older persons to remain economically active?

There were similar responses generated by both the government and NGO officials.

A central response was that the retirement age needs to be increased and there must be flexibility in the working hours for older persons. There should also be income generating projects established for older persons. Older persons might have to be re-skilled for new areas of work in order to stay in employment and this is aptly expressed by a respondent who stated that “older persons need capacity building to keep them up with technology and developing trends.”

More programmes would have to be designed to make use of the skills and expertise of older persons. As an example, a respondent mentioned “older persons must be given an opportunity for mentoring the younger professionals.” This is currently happening in DSD where retired social workers are being recruited to mentor and supervise younger social workers. The concept of mentoring and re-skilling are equally important and serve the same agenda of an extended stay in the economy for older persons by focusing on different things. The issue of re-skilling focuses on two things, to remain employable to take on new jobs or to become more competent to do an existing job. The issue of mentoring is an alternative form of remaining in the economy through the provision of support and supervision to less experienced individuals within a particular employment category to allow the inexperienced individual to execute his/her duties more successfully.

There could be policies on job reservation for older persons. Older persons could also be encouraged to be entrepreneurs so that they can stay economically active.

6.8.2 What contribution do older persons make to their families and their communities beyond their pension?

The collective responses by government and NGO officials are listed below:

6.8.2.1 They are breadwinners for their families and heads of households.

6.8.2.2 They provide care for the families (take care of children and grandchildren - food and fees). They become parents to their grandchildren and provide care for children infected with HIV and AIDS. "They care and raise the young and provide strong family structures."

6.8.2.3 They participate in community activities e.g. church activities, burial societies and they act as volunteers.

6.8.2.4 They are a source of knowledge in respect of culture and tradition. They share their wisdom and stories as well as provide spiritual care.

6.8.2.5 In terms of the contribution of older persons to their families and the country, one respondent mentioned that "they are contributing to the country's economy because they are child minders whilst the parents are working."

6.8.2.6 They act as role-models for younger persons. A respondent mentioned that "older persons, by virtue of their experience acquired over many years are vital for communities to be stable and to uphold moral standards that younger people can imitate" and another stated that "they offer our moral compass and are keepers of stories." Another mentioned that "they socialise grandchildren in terms of indigenous skills" and "they are the ones who are always available and sober to give love."

6.8.2.7 Older persons share their pensions and this is aptly stated by a respondent, "Many older persons are abused by their families by having to look after the grandchildren, the pensions are then taken to subsidise the family's income. Older persons should be appreciated and looked after."

It might also be perceived that older persons caring for grandchildren is a phenomenon largely concentrated in developing countries but according to Jurkowski (2008: 56), there are 4.5 million children in the United States who are residing with their grandparents. The reasons for this are substance abuse, joblessness, mistreatment of children and abandonment, imprisonment, marriage separation, adolescent pregnancy, HIV and AIDS, loss of a parent and poverty. In Russia, grandparents are being left to care for their grandchildren due to migration and approximately one in seven children that reside in villages and 50 percent in towns dwell with their grandparents (Migration means grandparents are bringing up children 2009: 1).

6.8.3 Should the retirement age in South Africa be reviewed?

The ubiquitous response echoed by both government officials and the NGO sector is that the retirement age in South Africa should be reviewed.

The general feeling amongst government officials is that the retirement age should be reviewed to allow older persons to remain longer in employment should they choose to. Older persons are considered to be active and still productive beyond sixty years and can contribute to the economy as well as support their families. Some older persons who retire whilst they are still able to work, slowly deteriorate.

The NGO sector shares the same views as the government sector and recommends retirement age to be 70 years for men and women due to the fact that people are living longer. There is sometimes a need for older persons to remain in employment due to their experience and skill in a specific field.

Furthermore, to support the notion of reviewing the retirement age, there must be programmes to enhance active ageing and a healthy lifestyle.

6.8.4 What do you consider to be poverty in old age?

The response from both government officials and the NGO sector about their views on what is considered poverty in old age is extremely interesting. Poverty in old age is:

6.8.4.1 Described in terms of the lack of financial resources, including food, shelter, lack of economic independence, lack of decent accommodation and clothing.

6.8.4.2 Decline in the quality of life was another description of poverty.

6.8.4.3 Abandonment by family and friends, as well as neglect and another respondent stated that “being old and poor means that one is totally isolated and dependent on others for care and protection.”

6.8.4.4 Lack of education and skills as well as illiteracy.

6.8.4.5 Poor health.

6.8.4.5 Social isolation and loneliness.

The description of poverty as expressed by respondents indicates that poverty in old age has different dimensions. These dimensions are economic in respect of lack of financial and basic resources, social (neglect, social isolation, loneliness and spiritual), education (poor literacy) and health (poor health). But, in reviewing these responses, it is evident that more responses reflect the non monetary connotation to poverty and therefore it suggests in old age, social relationships are more valued than financial assets. One respondent mentioned that poverty in old age “is spiritual - no longer having strength to go to church and in dire need to do so.”

This is supported by Krantz (2001: 2) wherein it is stated that the sustainable livelihood concept was reviewed in the context of poverty and it was “realised that poverty as conceived by the poor themselves is not just a question of low income, but also includes other dimensions such as bad health, illiteracy, lack of social services, etc., as well as a state of vulnerability and feelings of powerlessness in general.”

Furthermore, the findings of a study completed with older persons from different cultural groups in six provinces (exception of Western Cape, Free State and Limpopo) revealed that the positive experiences for older persons stem largely from community involvement either through church activities or volunteering, enjoying celebrations with their families, augmenting their income and generally just being cared which makes some older persons feel good (Makondo et al 2002: 59-66). Therefore, understanding these dimensions is important for policy and programme development for older persons.

6.8.5 What are the social implications of older persons being illiterate?

The responses generated by both government officials and NGO's are comparable. These largely centre on expressions that most older persons were not given the opportunity to advance themselves academically. Being illiterate means that they are vulnerable to abuse, poverty and to being disrespected. One of the respondents mentioned that “they cannot participate in different structures which encourage development.” They cannot take advantage of opportunities that are made available e.g. technological improvements (use of bank ATM's) and business opportunities. They are targeted for scams and become victims of robbery and theft.

Furthermore, respondents stated that due to older persons being illiterate, they end up making uninformed decisions because they do not understand the implication of their decisions e.g. investments; they do not know their rights and cannot assist their grandchildren with school

work; they could be marginalised by their communities and not be able to access services e.g. open a bank account or access credit. They find difficulty in managing their finances and this makes them vulnerable to financial abuse. They cannot sign and read letters which are important in respect of communication from stakeholders e.g. SASSA sends letters annually to grant beneficiaries for life certification and if this is not completed, the grant is terminated. Older persons who cannot read, may be disadvantaged and could have their grants terminated due to non-compliance. They cannot read newspapers and signage which is important in respect of accessing services.

6.8.6 What measures can be put in place to ensure that all older persons are literate?

Both government officials and the NGO sector recommended that literacy programmes should be compulsory for older persons. The ABET programmes should be introduced in service centres for older persons in urban and rural areas. Retired educators should provide ABET and skills development classes and provincial literacy programmes for older persons should be standardised.

Learning centres for older persons should be established in all wards. The necessary budgets must be made available to ensure that the literacy programmes are implemented.

The importance of literacy for older persons was reported in an article by Pugh (2010: 7), where it was indicated that adult literacy classes for older persons is necessary in respect of addressing their need to assist their grandchildren with homework, being able to read about government services, signage, posters and books as well as being able to run their own businesses.

6.9 General comments

These are general statements made by respondents.

6.9.1 On the study

“The study is very interesting as this is one of the neglected areas in society.”

“I am quite interested to see the final report as it will allow us to plan more effective services for older persons.”

“Thank you to you for the interest in the field. Please make recommendations to the department for implementation.”

6.9.2 On older persons

“DSD needs to prioritise the older persons programme and increase the budget.”

“The implementation of the National South African Older Persons Forum (SAOPF) as the watchdog and lobby is perhaps a structure to take issues of older persons forward with government and in general.”

“The Older Persons Act, 13 of 2006, and the implementation is an opportunity to put older persons really on the agenda of government.”

“Government departments need to work quicker and faster on issues regarding older persons.”

“The issue of older persons is more serious than ever as the older persons are becoming aware of their rights and they will fight back.”

“Kindly note that human resources are neglected within this sector and by government.”

6.9.3 On support to government

“We endeavour to assist government from the NGO sector” and “I hope this information can help the department to identify the needs of the older persons sector to help them and to include them in the development of our country.”

6.10 Summary and Conclusions

In reflecting on the research objective of comparing the views between the government and NGO sector officials, the analysis of the responses reveal that there are many similarities and some differences in the views expressed by government and NGO officials. In this regard, there is a general sense that responses from government officials centre mostly on policy and programme implications whereas the responses from the NGO sector officials centre more on pragmatic and implementation oriented matters.

In respect of the research objective that relates to the identification of the issues affecting older persons, the overwhelming response was that ageing does not receive priority on the agenda of government because of amongst others, insufficient budgets for older persons programmes and

services, older persons in rural area are being neglected and older persons issues are not reflected in DSD priorities.

The 5 priorities that government officials and NGO's identified for older persons are healthy ageing, economic security, community/home based care services for older persons, having care and support systems for older persons and an improved quality of life/poverty alleviation. DSD is perceived to be doing well in amongst others, establishing a partnership with the NGO sector and developing the older persons legislation. The challenges that government and NGO officials experience in delivering services to older persons range from inadequate resources, poor coordination and cooperation from stakeholders to the reluctance of older persons to report cases of abuse of older persons.

In respect of the research objective of establishing the the views of government and NGO officials on the implications of the five public policy population indicators for older persons, the respondents are of the view that there will be an increased demand for services by older persons and more older persons will require care and support. Government would have to engage in early planning for more older people.

The study found that South Africa will not be ready for an ageing society because older person's issues are not taken seriously. The issue of ageing is viewed as both an opportunity by government officials because older persons are making significant contributions to society and a challenge by the NGO officials because the issues of ageing are not highly considered. According to the views expressed by government officials and NGO's, age norms and roles will change therefore, the retirement age will have to be reviewed so that older persons can remain in employment longer.

The demographic profile of older persons reflect the pertinent gender issues for women which are abuse and domestic violence, being regarded as witches, assuming the role of caregivers to children/grandchildren and the heads of households, poverty, loneliness and literacy. The general consensus is that DSD policies and programmes address the issue of gender equality amongst older persons.

In respect of the socio-economic characteristics of older persons, older persons might have to be re-skilled in areas that they require to stay in employment and additional programmes would have to be planned to utilise the skills and expertise of older persons. The contribution that older

persons make amongst others are their participation in community activities and their role as volunteers as well as them being a source of knowledge in respect of culture and tradition.

Poverty in old age is described as beyond economic dimensions to include abandonment by family and friends, as well as neglect and loneliness. The social implications of older persons being illiterate is that they are vulnerable to abuse, poverty and to being disrespected. One of the measures that can be put in place to ensure that all older persons are literate is the development of literacy programmes that should be compulsory for older persons.

Predicated on the above, it is evident that the implications of population ageing have far reaching consequences for the social and economic order of South Africa.

Chapter 7: Summary of key findings, recommendations and conclusion

7.1 Introduction

The purpose of this study was to review population ageing and its implications for older persons within the context of Social Development which was completed from the perspective of government officials and NGO sector officials.

This chapter has five sections. Section 7.2 deals with the main summary of chapter 1 to 5. Section 7.3 focuses on the summary of key findings, section 7.4 provides for recommendations, section 7.5 reviews areas of future research and section 7.5 ends with a conclusion.

7.2 Summary of Chapters 2 to 5

Chapter 1 served as an introduction to the study and provided the motivation and rationale for the topic. It also outlined the research design and provided an overview of all chapters in the research.

Chapter 2 largely centred around the theme of population projections for older persons which provided an important foundation in support of the research objective that was focused on the identification of issues that would be considered important for an older population.

To this end, the important issues that were ascertained was that population ageing is a global phenomenon as evidenced by institutions such as IIASA, the World Bank and United Nations. Population ageing is a process whereby the older population become a larger share of the total population through changes of high to low levels of fertility and mortality. This is already occurring in the more developed countries and will in the near future be experienced in all parts of the world although at different levels of speed and intensity.

Aligned to one of the research objectives of determining the issues that are important for older persons, the following is noteworthy:

- Declining fertility has implications for the availability of family and relatives to provide care and support for older persons.

- The change in the age structure has key implications for the social, economic and political spheres which will shape future patterns of planning and commitment in all these areas.
- The speed of population ageing is more rapid in developing countries and the dread of such rapid growth is the capability of countries to make the necessary social and economic changes to contain this.
- As life expectancy increases, disability free life expectancy is also inclined to increase and possibly the future older persons are likely to be in improved health than the older persons of today.
- Due to changes in the balance of the young-old, there must be a concerted effort to review the way resources would be distributed.
- The old age dependency ratio is increasing and therefore there will be more demand placed for services for an increased older population, the potential support ratio is decreasing and thus the sustainability of the social assistance programme must be reviewed as there would be fewer workers to support the programme due to a reduced tax base and the parent support ratio is increasing consequently implying that older persons (who themselves might require care) would possibly have their parents living requiring care from them due to an increase in chronic illnesses as people age.
- There is an increase in the number of oldest old (80 years and above) and therefore more consideration must be given for the development of programmes to support this group and women in general as there are more older women than men and women live longer than men.
- Given reductions in the labour force participation rates of older persons especially in developing countries, social protection measures for these groups must be developed.
- The retirement age in countries require a review to enable older persons to remain economically active for longer periods of time.
- In respect of illiteracy measures, the less developed regions are worse off than the more developed regions and more women are illiterate than men. Therefore, there must

be a concerted effort on the part of the state and civil society organisations to ensure that this matter is addressed. However, it is anticipated that the future older persons will be better educated due to higher school enrolment rates for young people and women are expected to be as educated as men.

Chapter Three also supports the research objective of identifying the issues that are important for older persons. It does this by reviewing population indicators from the perspective of the World, Africa and South Africa. Therefore, within this context, it locates South Africa and the issues pertinent for an ageing society at the centre of the discourse. In reflecting on the population indicators discussed in Chapter 2, it becomes evident that the pattern of population development and projections for South Africa is not different to the rest of the world except for the differences in the numbers and thus some of the matters that are important for an older population in other parts of the world, are also important for South Africa.

The evidence and projection of population indicators for South Africa which is central to this research is necessary to summarise as it concentrates the identification of issues within the South African context. Therefore, within this context, the total number of older persons in South Africa as per the mid-year population estimates of 2011 is 3.89 million. In terms of the level of education which is viewed as an important indicator of quality of life, there are slight improvements noted in respect of the literacy levels for older persons though older persons are less literate than the general population. There are improvements noted for older persons in terms of living in formal structures. The features of older persons households have indicated that households headed by older persons have increased.

The majority of older persons live in extended households. In respect of race, the majority of black African live in extended households while the highest percentages of older persons living alone are recorded for white older persons. The majority of households headed by older persons are households with three or more generations.

According to StatsSA, the average size of households in South Africa has been decreasing while households headed by older persons that include children have a higher mean size of 5, 9 persons per household in 2010. Older female headed households are more likely to have a higher share of children living in their households as opposed to older male households.

The marital status of older persons reflects that older males between the ages of 60-69 years are more likely to be married or living together than females of the same age group. StatsSA have used R570 per month in 2010 as a measure to determine low income households and the findings reveal that older females are more likely to live in low income households except for Indians/Asians and whites. The principal two sources of income for both male and female older persons in 2010 are grants and pensions, followed by salaries and/or wages. In terms of economic activity, the majority of older persons are economically inactive.

In 2010, there was an increase in chronic illnesses being recorded as people get older. Older males and whites have better access to medical aid as opposed to females and the other race groups respectively. There is a decline in the percentage of older persons living in households that reported hunger although female headed households are worse off than male headed households. In 2010, older persons (more women than men) were generally more likely to engage in agricultural activities than the general population.

In an analysis of older men and women, older women are less educated than men, are heads of households that are bigger in size, reside in low income households, have households with more children that are more susceptible to hunger and they are more prone to spending their years in old age divorced, separated or widowed.

Chapter Four reviews the frameworks, policies and programmes offered to older persons. This supports the research objective of providing gap analysis on where interventions need to be targeted. The concept of Social Development has some common elements that is universally agreed by DSD and various authors in terms of incorporating elements of improvements in the quality of life for the entire population, human development, targeted to the poor and vulnerable, sustainable development, integrating economic and social policies, partnerships and security for people and communities.

There were many developments and commitments initiated by the United Nations within the field of older persons. The Madrid International plan of action on ageing (MIPAA) was conceived with specific emphasis in respect of the three priority areas namely older persons and development, advancing health and wellbeing into old age and ensuring enabling and supportive environments. Within the context of Africa, the African Union Policy framework obliges all AU member countries to plan for their older population and the policy framework provides strategic direction in this regard. The South African framework for older persons

comprises of the older persons policy of 2006 which then led to the promulgation of the older persons Act, No 13 of 2006, the older persons regulations No 33075 of 2010 and the Social Assistance Act, No 13 of 2004 which provides for a monthly income support for those old persons who qualify for the benefit.

The central purpose of the policy on older persons is to guide service delivery for older persons in respect of addressing issues of accessibility, equity and affordability which are aligned to the prescribed norms and standards. The SA policy framework adopted the three themes of the MIPAA and some issues listed under the three themes. It also omitted some issues that were listed under the three themes of MIPAA and added nineteen others that had relevance for South Africa.

The Older Persons Act, No. 13 of 2006 takes its form from the older person's policy and addressed the gap identified in the previous legislation. It introduces a developmental and a right based approach to ageing and acknowledges the skills and wisdom of older persons, their involvement in the community and their right to care and protection. Whilst there is general alignment between the policy, Act and Regulations, there are gaps that have been identified which include addressing issues of poverty and food security, emergency situations, immigration, work and labour force participation, consumer protection and government services at a reduced tariff as well as preventative health care, older persons and disabilities in addition to older persons and HIV and AIDs.

The social assistance programme provides for more than 2.7 million older persons at a monthly cost of R3 billion. This is 39% of the total social protection budget of R112 billion. The older persons budget from the social welfare perspective is R819 million which constitutes 9.4 percent of the total social welfare budget of R8,6 billion.

In concluding this chapter, it is evident that South Africa has at a national level made progress in ensuring the protection and provision of services for its older population through the various pieces of legislation, policies and national programmes.

The sustainable livelihood analysis for older persons from the literature of Chapters Three and Four does provide a context to understanding the sustainable livelihoods of the majority of older persons. The livelihood framework (DSD 2009: 7) could be simplistically applied as follows:

- Assets or resources of older persons: Older persons have access to land for those engaged in agricultural activities, tenure status of houses, experience and indigenous knowledge, social grants as a major source of income and service centre organisations and burial societies.
- The vulnerabilities to stresses and shocks that older persons are exposed to relate predominantly to the loss of a spouse or child as well as children migrating to other areas leaving older persons to care for grandchildren. Other shocks could be ill health and disability and well as being the victims of abuse.
- The enabling or regulatory environment of policies, institutions and processes as it relates to the Department of Social Development that affect older persons include the South African Older Persons policy, legislations (Social Assistance Act of 2008 and Older Persons Act of 2006) and regulations.
- The outcomes that DSD envisages for older persons are “a society in which people are enabled to age with security and dignity and to continue to participate in their communities as citizens with full rights.”
- The opportunities that older people can take advantage of in order to achieve their outcomes include opportunities for skills development, economic empowerment programmes and access to other developmental opportunities made available by service centre organisations for older persons.

Chapter Five detailed the methodology for the research which makes use of an exploratory research design and a qualitative approach.

Chapter Six provides the findings of the survey which is reflected in section 7.3.

7.3 Summary of main findings

7.3.1 The identification of issues that government and NGO’s officials consider to be important for older persons.

On this matter, the study found that government and NGO sector officials were of the view that issues of ageing do not receive priority on the agenda of DSD and government. The main reasons cited by both groups to support this view was largely due to their perceptions that there is a lack of resources for older persons programmes, there is more attention being paid to

issues that affect children, older persons in rural areas are neglected and there is a lack of government messages about older persons.

There are ten suggestions made by both groups on how the issue of ageing could be placed on the agenda of government. These include amongst others, appointing a political champion to lead on the issues of older persons within government as well as educating all politicians and officials in other government departments on the issues of ageing and its implications; allocating additional resources for the older persons programme (human and financial), employing social workers who have specialised training in dealing with older persons, establishing desks for older persons in the office of the premier in provinces and appointing older persons forums in all provinces and allowing their representation within parliamentary structures. In addition to this, there should be awareness programmes developed and the NGO sector should become more aggressive in their advocacy and lobbying role on matters pertaining to older persons.

The NGO sector was of the view that DSD is not doing well in providing them with adequate funding for the provision of services to older persons, not sufficiently consulting with older persons and not mainstreaming the issues of ageing in programmes and policies. In addition to this, the other concerns raised pertain to the poor coordination of role players and development of programmes (e.g. community based programmes), weak monitoring of social workers and SASSA paypoints, inadequate advocacy for older persons issues, weak implementation of the legislation and poor planning. The subject of inadequate infrastructure provision for residential accommodation was also cited as another important issue for older persons that DSD is not doing well in. The prevalent views of government officials were the lack of mobilisation of senior politicians on the subject of older persons, insufficient budget allocations for services and programmes for older persons, inadequate human resources in the field of older persons, poor inter-sectoral coordination, lack of the development of economic opportunities and weak community based programme as well as the inadequate management of residential facilities, issues identified that DSD is not doing well in.

The NGO sector recognizes DSD to be doing well in the fostering a partnership with the NGO sector primarily because of the provision of the subsidies (although insufficient) and the development of the older persons legislation. DSD officials identified additional areas that they considered DSD to be doing well in including establishment of the older persons forum, provision of the state old age pension, promotion of the concept of active ageing, advancing the

policy shift from residential care to home and community based care, creating opportunities for employment for caregivers, advocating on the prevention of abuse of older persons, honouring important national events for older persons and contributing to important international platforms. As stated, the DSD officials identified many more areas than the NGO officials in respect of what DSD is doing well in and this is probably due to the fact that government officials are employed by the state and by virtue of this, favourably consider their employer and the work that they do.

On the question of the top five most important matters concerning older persons, the study found that between the government officials and NGO sector, there were six areas identified as priorities namely;

- Healthy ageing
- Economic security
- Community/home based care services for older persons
- Care and support systems for older persons
- Quality of life
- Poverty

In respect of the challenges facing government and NGO officials in service delivery, the following challenges were raised for government officials; lack of resources (human and financial), poor coordination and cooperation from stakeholders, reluctance by older persons to report abuse, unavailability of infrastructure, lack of leadership from DSD on the matter of older persons and an obsolete older persons policy.

The NGO officials cited the following challenges as well, inadequate funding and budgetary constraints, inadequate infrastructure, lack of affordable and accessible transport for older persons, poor access to basic services, lack of support from DSD, lack of geriatric care, abuse of older persons, illiteracy among older persons, difficulties in the placement of older persons in facilities who are not frail but require care and poor community involvement in service provision to older persons.

The findings on the consultation of older persons in the development of policies and legislation was an area where the response from government officials are that older persons are consulted through engaging with the organisations and forums that represent them, through community dialogues and workshops. The NGO sector officials stated that older persons are not consulted and that DSD uses a predominantly top down approach in policy and programme development.

7.3.2 The views of government and NGO sector officials on the implications of the five public policy indicators of population ageing for older persons.

On the first policy issue of demographic determinants of population ageing, the prevailing response from both government and NGO officials is that there would be more older persons which would result in an increase for the demand of services particularly in respect of the provision of care and support, social assistance, residential facilities, improvement in education and skills, strengthening of the home and community based services and the introduction of active ageing programmes. The government would have to look at investing in early planning for an older persons population and there will be a need to increase the budget for older persons. Older persons would also be required to care for children and grandchildren and assume the responsibility of being the head of a household.

In addition, the NGO sector and half of the government officials were of the view that South Africa will not be ready for an ageing society because there are too many problems that the country is currently faced with and there is limited indication of any planning by government on this matter. Furthermore, the current service provision of medical care, housing and transport is inadequate to support older persons who are considered less important and are marginalised. There is a current preference to deal with issues of children and HIV and AIDS as opposed to older persons and there is a lack of retirement planning. The other half of government officials who were of the opinion that South Africa will be prepared for an ageing society based this on the fact that the Older Persons Act of 2006 was approved and is in the process of being implemented and there are programmes that have been developed for older persons with an increase in service centres being available for older persons.

The issue of ageing was seen as both an opportunity and a challenge. The optimistic view of seeing ageing as an opportunity by government officials was primarily predicated on the fact that older persons are contributing to society by providing care to their children and grandchildren and sharing their wisdom and expertise with the younger generation. The NGO

officials who viewed ageing as a challenge based their argument on the position that an ageing society would burden the economy in terms of the costs associated with the care for older persons (medical care, provision of social assistance and frail care). Furthermore, the rates of unemployment are high and there are fewer workers who would be able to support an ageing society.

On the second policy issue of the magnitude and speed of population ageing, respondents felt that people would age well in the future due to improvements and innovations in the medical field. The assumption of healthy ageing into old age is also based on the prerequisites of older persons being educated and having lived healthy and active lifestyles as well as having lived in secure environments.

Population ageing will also affect the review and or development of a number of policies most notably, community based policies, social security policies, health care policies, retirement policies and policies on the mainstreaming of ageing to ensure relevance in respect of the needs of future older persons.

The most common problems in old age articulated by the respondents include the reliance of older persons for their care on the younger generation and the state in respect of the provision of medical care and the state old age grant. In addition to those, the issue of abuse of older persons, increase for the demand for services exceeding the supply, higher levels of illiteracy and inadequate family and community support systems were also raised.

The older persons most likely to experience these problems mentioned above, were identified as poor, vulnerable and disadvantaged older persons, women, older persons who live in rural and peri-urban areas, those above the age of seventy years and those with a disability or who are considered frail.

Age norms and roles will change as demographics shift due to there being more older persons who would be living longer. As a result, the budget for the social assistance programme would require an increase to accommodate more older persons, retirement policies will have to support an ageing workforce and more older persons would become the heads of households. Some older persons would require care and support while others would continue to be the providers of care and support to their families.

In order to create an enabling environment for older persons, the respondents indicated that there would be a need for awareness programmes to be developed on the issue of ageing, a number of policies and services must be reviewed, research must be conducted to constantly provide the evidence for policy development, a revised budget would need to be costed, partnerships must be established to leverage on resources and appropriate and adequate “multi-space” infrastructure must be provided to support older persons including the provision of the components of safety and security.

In respect of the third policy issue, which is the changing balance between the age groups, the social and economic implications of having fewer working age persons for each person aged 65 years and older is that there will be an increase in the demand for services and greater dependency on the state to provide for the care of older persons.

The respondents indicated that older persons would require the following services namely, parenting skills, home based care, residential care, geriatric medical care, transport, caregivers support, access to education, health and recreational services. Additionally, the respondents indicated that the services would have to be transformed in respect of the review of the current admission policies at residential facilities, a refocus on active ageing and education programmes for older persons as well as an improvement in older persons being able to access these services in their communities.

On the fourth policy issue of the demographic profile of older persons, the key findings relate to identifying the gender issues that affect older women. The prevalent views expressed by respondents on this matter include abuse and domestic violence, older women being considered witches, the gender discrimination on the basis of age (as it relates to retirement policies), care providers for children and grandchildren, financial dependence, poverty, loneliness and illiteracy. DSD policies and programmes are perceived by all respondents to address the issue of gender equality predominantly due to the equalisation of the old age grant to the age of 60 years for both men and women, although the Older Persons Act, 2006 discriminates against men by virtue of men being defined as having attained the age of 65 years and women the age of 60 years.

The fifth policy issue focused on the socio-economic characteristics of older persons and the respondents indicated that the retirement age should be increased and income generating projects must be established to allow older persons to remain economically active. In addition to

this, older persons might have to be re-skilled to remain relevant in the job market, others could utilise their expertise and become mentors to younger professionals and there could be policies on job reservation for older persons.

Respondents were unanimously of the view that older persons make significant contributions to their communities by being the breadwinners of their families, providing care for children and grandchildren, participation in community activities, providing a source of indigenous knowledge about tradition and culture and by being role models for the younger generation to emulate.

The review of the retirement age in South Africa was collectively supported by the respondents in respect of an increase in the retirement age in order to allow older persons to stay in employment for an extended period.

In a reflection on what poverty is considered in old age, respondents moved beyond a description of associating poverty with monetary terms to include other social and relational dimensions including, poor health, lack of education, abandonment of family and friends, being alone and isolated and not being able to practise religious programmes e.g. going to church.

The social implications of older persons being illiterate as identified by respondents included older persons being vulnerable to abuse, making uninformed decisions, not being able to access services or maximise opportunities e.g. accessing credit or utilising bank ATM's. They also exposed to the risk of having their old age grants terminated if they are unable to read their letters to have their annual life certification process completed.

The respondents unanimously mentioned that education programmes (Adult Basic Education and Training) for older persons must become compulsory and this could be provided at the service centre for older persons or at a literacy centre that is based in a ward within the community as possible measures that could be put in place to ensure that older persons are literate.

Therefore, in a reflection of the implications of population ageing and its implications for older persons, these findings resonate with findings of the United Nations (2002) and other researchers referenced in detail in the applicable sections. The study however is contextualised for DSD and the NGO sector working in the field of older persons.

7.3.3 Comparison of responses between government and NGO's officials

In general, there is a common understanding between the government and NGO officials concerning the issues and implications of population indicators for older persons. The value of the perspectives however, was when they were combined because single organisational perspectives were sometimes myopic.

There is consensus between government officials and NGO officials in respect of the following areas:

Both groups agree that the issues of ageing do not receive priority on the agenda of government and on the proposals that DSD could advance to ensure that matters pertaining to older persons are placed on the agenda of government. There is also consensus on the areas that DSD is not doing well in. There were many areas identified that DSD was doing well in and off these, there was agreement on two areas namely; the partnership with the NGO sector through the provision of subsidies and the development of the older persons legislation.

There was concurrence on four of the top five priorities raised by government officials and the NGO sector officials namely; healthy ageing, economic security, care and support systems for older persons and quality of life.

In terms of the sixteen challenges facing government and NGO's, there was agreement in the following areas; lack of resources and adequate budgets for the older persons programmes, reluctance to report and an increase in cases of abuse of older persons and inadequate infrastructure for older persons.

Both groups are of the same opinion on the implications of the demographic determinants of increased life expectancy. In respect of the issue of whether SA will be ready for an ageing society, half of the government officials and all officials of the NGO sector feel that SA will not be ready for an ageing society.

There was agreement between the groups on how people would age in the future and the government policies that would require change due to an ageing of the populations. Furthermore, there was consensus on what would become the most common problems late in life for older persons.

There was concurrence on three of the five categories identified of the type of older people who will encounter the most common problems late in life and on how the age norms and roles will change as the demographics shift. In addition to this, there was consensus between the groups on the mechanisms that the DSD should put in place to create an enabling environment for older persons, the policy and programme implications of the changing balance between the age groups and the social and the economic implications of having fewer working persons for each person aged 65 years and older.

The study found that on the type of services that older persons would require, there was an agreement on only three services (parenting skills, home based care and residential care).

Further, there was consensus between the groups on what services would need to be transformed; the gender issues that affect older women and the perception that DSD policies and programmes address the issue of gender equality amongst older persons, the kinds of interventions that needs to be in place to facilitate older persons remaining economically active and the contribution that older persons make to their communities outside of their pensions.

Finally, there is agreement between the groups that retirement age in South Africa should be reviewed, and both groups described poverty in old age beyond the context of financial and monetary terms to include other social dimensions (e.g. loneliness, lack of education and skills, poor health), the implications of older persons being illiterate and the mechanisms that could be put in place to make certain that older persons become literate.

There were contrary perspectives on the following areas:

DSD officials identified a number of additional areas where DSD is doing well in which was not mentioned by the NGO sector.

The government and NGO sector officials did not agree on one of the top five priorities which for government officials was community/home based care services for older persons and for the NGO officials, it was poverty.

On the issue of identifying challenges in service delivery, the government and NGO officials did not disagree on the challenges but rather expressed challenges pertinent from their perspectives which were different. In total, there were sixteen challenges identified and there were thirteen which were different as mentioned in section 7.3.1 above.

Furthermore, there were dissimilarities expressed between the two groups on the issue of consultation of older persons in policy and programme development and this therefore suggests that whilst the government officials are of the view that DSD is consulting with older persons, the perception of the NGO officials is contrary to this view and thus, this is an area that requires strengthening by DSD. On the question of whether South Africa will be ready for an ageing society, half of the government official's respondents are of the view that South Africa will be ready for an ageing society.

Ageing was seen as an opportunity by the government officials and it was viewed as a challenge by the NGO sector. Both groups used plausible arguments to substantiate their positions in this regard.

There were divergent views on which groups of older persons would encounter the most common problems late in life the most. The government officials identified older persons older than 70 years and frail older persons whereas the NGO officials identified older persons who live in peri-urban and urban areas as well as older persons with disabilities.

The study found that on the type of services that older persons would require there was a variation between government and NGO officials on two services. The government officials identified access to services (education, health and recreational) as well as caregivers support whereas the NGO sector officials listed geriatric care and transport as the services that older persons would require.

In comparing these, it is apparent that there is a common understanding between government officials and officials in the NGO sector in respect of the matters affecting older persons and whilst there are some contrary views expressed, there are more areas of agreement than disagreement.

7.3.4 Gap Analysis

It is clear from the findings of the study that the following gaps exist:

7.3.4.1 The older persons Act does not create a legislative obligation in respect of the roles and responsibilities that the different Departments have in relation to the implementation of the Act.

- 7.3.4.2 The Act was promulgated in 2006 and there is not yet full implementation of the act and that there are inadequate resources to support the implementation.
- 7.3.4.3 The Act silent on which authority is responsible for the provision of infrastructure for older person's facilities.
- 7.3.4.4 There is no stipulation for cluster homes within the Act.
- 7.3.4.5 The issue of provision of services for older persons in rural areas is not adequately addressed thus disadvantaging older persons who reside in these areas.
- 7.3.4.6 There has been an oversight in respect of the inclusion of critical forms in the regulations of the older persons act, e.g. restraint forms.
- 7.3.4.7 There is a perception that older persons are not adequately consulted in policy and programme development.
- 7.3.4.8 In reviewing the literature, there are gaps in the SA policy framework that requires consideration for inclusion. Aligned to the theme of older persons and development, there should be an inclusion with a focus on older persons in rural areas and sustainable livelihood strategies for older persons. In addition, given the overwhelming evidence of the fact that one fifth of households in South Africa are headed by older persons, there must be specific attention paid to older persons headed households. Another issue that does require special attention is the issue of gender in respect of the needs of older women. Under the theme of advancing health and wellbeing, the mental needs of older persons should be included as a separate issue because according to the MIPAA (UN 2002: 34) mental health related incidences are increasing throughout the world and this is projected to increase in numbers due to the feature of population ageing. Within the theme of ensuring an enabling and supportive environment, three new issues should be considered namely; care and support for caregivers, images of ageing and aging of populations.
- 7.3.4.9 In respect of an analysis of the alignment between the Act (South Africa 2006) and older persons policy, it is evident that there are gaps in relation to the issues that are contained in the policy but that do not find full expression in the Act (South Africa 2006). These areas that relate to eliminating the age discrimination between men and women in

the Act, provision of independent living, assistive living and sheltered housing for older persons, poverty and food security, emergency situations, immigration of older persons, work and labour force participation, consumer protection and government services at a reduced tariff, preventative health care, older persons and HIV and AIDs as well as older persons and disabilities.

7.4 Recommendations

This section, addresses the research objective of making recommendations in order to shape policy positions on the subject matter and influence the social development agenda for older persons.

At this point, it is important to reflect that both the officials working in government and the NGO have a good common understanding of the implications of population ageing for older persons. In order for this issue to be given the impetus it requires, the following recommendations are made:

7.4.1 Inter-sectoral Planning and leadership

The issue of planning reflects two dimensions; planning for the present older person and planning for the future older person.

In respect of the present older person, it is really a matter of addressing the issues that prevent these older persons from having an improved quality of life. In this regard, the Department of Social Development must assume a leadership role within government to address the concerns of older persons. This must include developing a South African Plan of Action on Ageing and a strategy which is inter-sectoral in nature and costed which has quantified the demand for different types of services required by older persons. An inter-sectoral budget must be developed so that there are allocated resources to give effect to the plan. The plan should quantify and incorporate the human resource requirements for successful implementation. In addition, the design of infrastructure (buildings) for older persons must take into account multi-functional needs e.g. facilities that can be shared with children. If this is not done, the risk is that this will remain a vision on paper and the most vulnerable older persons in SA will never have a chance for a better life. In addition, DSD must adopt a bottom-up approach and actively and purposively consult with older persons in order to ensure that they are given a platform to

articulate their concerns because as stated previously, the issue of consultation is also important within the context of the sustainable livelihood framework.

The plan must have targets and indicators as well as clear roles and responsibilities developed for all stakeholders, supported by monitoring and evaluation plan in order for DSD to determine progress against the plan. This will also facilitate the development of country reports to the international community. In terms of advocacy of issues of older persons, the Minister of Social Development must champion the issues within government so that the levels of consciousness about older persons are consistently raised. Training and awareness programmes on population ageing and its associated implications must be developed and implemented with all stakeholders.

In respect of the future older person, planning must take place now for the improved quality of life for the future older person. This suggests that government must invest at present in education and skills development (children, youth and adults), health (preventative health care and adopting a life course approach to good health), retirement education, improved labour market entry, compulsory contributory pension programmes (both formal sector and informal sector employment) effectively addressing the present unemployment crisis and in fostering as well as reinforcing intergenerational relationships in order to ensure that as people age, the older person of tomorrow is more empowered and self reliant than the older person of yesterday.

7.4.2 Development of specialised programmes

Specialised programmes and services must be developed within the field of older persons. These include specialised medical geriatric care in order to ensure that older persons are able to obtain the assistance they require. Literacy programmes must be developed for older persons and one of the targets in the SA Plan of Action on Ageing should include older person's basic education where DSD aggressively pursues the goal of ensuring that all older persons in South Africa are literate. Parenting skills must be developed to empower older persons for their role as caregivers to grandchildren and this should include education on relevant matters e.g. HIV and AIDS. In addition, all professionals and paraprofessionals working in the field of older persons must receive specialised training in order for them to be equipped with the necessary knowledge and skill in their interaction with older persons. Programmes for rural older persons and older persons who are heads of households must be developed in order for them to receive

the necessary support that they require and the specific needs of older women and older persons 80 years and above should be assessed. Furthermore, the caregiver's system and support network for older persons must be strengthened. This system must be available for family members who provide care for older persons and older persons themselves who provide care to children and their own older parents. Programmes on specialised geriatric care must be developed with the Department of Health to ensure that the specific medical needs for older persons are provided.

7.4.3 Review of policies and legislation

The Older Persons Act (South Africa 2006) must be implemented. It is not satisfactory for South Africa to have legislation approved for older persons that cannot be implemented and therefore, the requisite budgets must be made available for full implementation.

The Act (South Africa 2006) must also be reviewed in the context of the gaps that have been identified in section 7.3.4. Of immediate concern is the contradiction of the objectives of the act and the gender discrimination on the basis of age that is inherent in the act. Furthermore, the discourse on areas that pertain to the provision of independent living, assistive living and sheltered housing for older persons, poverty and food security, emergency situations, immigration of older persons, work and labour force participation, consumer protection and government services at a reduced tariff, preventative health care, older persons and HIV and AIDs, and older persons and disabilities must be strengthen and included within the legislative framework.

Retirement reform policies must be reviewed within the context of increased life expectancy in order for South Africa to prepare for an aging society with reduced dependence on social assistance. In addition, the retirement age must be reviewed to facilitate the extended stay of older persons in employment. Employment policies must be reviewed and flexible working conditions must be considered.

7.4.4 Strengthening partnerships with the NGO sector

The partnership with the NGO sector must be based on equity and uniformity in approach and funding. The NGO sector must be provided with the requisite support in the delivery of services to older persons. DSD must provide leadership in this regard and constantly drive a common research agenda in the field of older persons to facilitate the provision of guidance and direction. Equally so, the NGO sector must be held accountable for the delivery of services to older

persons and there should complementary outcomes pursued for older persons. The NGO sector should also become more active in their advocacy role to insert pressure on all stakeholders for improved service delivery to older persons.

7.4.5 Ageing Mainstreaming

The issues that pertain to older persons should be mainstreamed within all the programmes, policies and legislation of government in order to ensure that the pertinent matters concerning older persons are integrated. This should be a deliberate process, by design rather than chance and thus political leadership in this area is paramount. This must be supported by a concerted effort to create awareness of the concept of ageing mainstreaming and its intent. The process must be guided by a monitoring and evaluation framework with clear targets being set to aid the process of reporting.

7.5 Areas for future research

- 7.5.1 The study should be extended to include all sectors in order to raise the awareness of older persons issues and determine the level of understanding of the implications of population ageing for government as a whole.
- 7.5.2 There should be an ageing mainstreaming audit being done within key government sectors to determine the level of inclusion of the concerns of older persons.
- 7.5.3 As recommended by Ms Pat Lindgren, the Director of HEAL, studies should be done to determine the correlation between the abuse of alcohol and drugs and the abuse of older persons.
- 7.5.4 Evaluations need to be conducted in respect of the effectiveness of programmes rendered by DSD (e.g. home and community based programmes, residential and frail care) to establish the relevance of these programmes in its current form.
- 7.5.6 There should be a study to quantify the social and economic contribution of older persons so that the discussion is taken further than just the concept of caring for grandchildren.
- 7.5.7 An assessment of sustainable livelihoods should be conducted with older persons to fully comprehend their livelihood strategies and vulnerabilities.

- 7.5.8 DSD should engage in a study that deepens the understanding of the situation and concerns for older persons who reside in rural areas.
- 7.5.9 A further study should look into the concerns of older women who are heads of households to determine the level of support required.
- 7.5.10 There must be a study conducted to determine the level of prevalence of HIV and AIDS amongst older persons.

7.6 Conclusions

In summary, the view of the government officials and NGO's were analysed and the overall finding is that there is a correlation between the issues identified by government officials and the NGO sector.

In reviewing the fundamental research aim and questions that have been posed in Chapter 1, the aim of the study has been met in respect of exploring and comparing the understanding between government officials and non governmental organizations (NGO's) within the ambit of the Department of Social Development regarding the implications of population ageing for older persons. Furthermore, the research questions posed have been answered in respect of whether matters pertaining to the agenda of Social Development in respect of determining if the issue of ageing receives priority in the agenda of Department of Social Development and government broadly, what the Department of Social Development is not doing that it should be doing for older persons, what it is doing well, what the five most important matters concerning older person are, the identification of gaps in the older person's legislation and programmes that inhibit service delivery and the implications of the following population indicators for older persons namely; demographic determinants, magnitude and speed, changing balance between the age groups, demographic profile of the older population and socio-economic characteristics of older persons. In these areas, the views of the government officials and NGO's were compared to determine if there is a common agenda being pursued.

Therefore, in light of the above, the research objectives have been met and it is hoped that this research provides sufficient credibility to be utilised in serving as basis to engage in a dialogue within broader government and civil society forums and to shape policy positions on the subject matter in order to influence the social development agenda for older persons.

In conclusion, it is apparent that extraordinary demographic modifications, which had their genesis in the nineteenth and twentieth centuries, is progressing into the twenty-first century and changing the world. The reduction in fertility rates which is supported by increase in life expectancy has shaped and will persist to generate unparalleled changes in the constitution of all social order. Population ageing presents massive prospects as well as vast challenges for all societies, including South Africa because of the fact that South Africa's share of its older population is also growing. In order to ensure that South Africa is prepared, planning must be strengthened in the social, political and economic spheres of the country and more importantly, implementation must happen as a matter of importance for the improved quality of life for both, the older person of the present and the future.

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Annexure A: Questionnaire

Consent to take part in a study on the Implications of Population Ageing on Older Persons in the context of Social Development.
--

Dear Sir/Madam

You are kindly invited to participate in a research study done by Ms Anita Samaad in fulfilment of the Masters in Development studies supervised by the University of South Africa. Your participation is crucial for this study. In order to participate, you are kindly requested to complete the signed consent form.

The information provided in this document is to provide the necessary information with regard to the study so that you can make an informed decision about your participation.

Purpose of the Study

The aim of the study is to explore the implications of population ageing for older persons within the context of programmes and services offered by the Department of Social Development. The results will inform government policies and interventions.

Methodology of the Study

The methodology is qualitative in nature and will consist of two components. One is a questionnaire and the second is a number of individual in-depth interviews with selected managers in the Department of Social Development, Non-governmental organisations and academia.

In this regard, you are kindly requested to complete the attached questionnaire which will not take longer than an hour to complete.

Procedure

If you agree to participate in the questionnaire, the following will take place:

- You will complete the questionnaire in a place and time most convenient for you.
- If more information is required from you, you will be contacted accordingly and time scheduled at a convenient time to enable the collection of the information.

Risk and Discomfort if you participate

The research questionnaire is designed in such a way to ensure that there no discomfort is experienced. However, if at any stage the participant is not comfortable with a question, the individual will not be required to answer that question. The participant will be allowed to discontinue completing the questionnaire if some questions make the participant feel uncomfortable. If personal information of identification is revealed, the researcher will protect the identity of those involved. It is required that the participant complete the questionnaire. Confidentiality will be strictly observed.

Benefit

There will be no immediate direct benefit from the study, however by allowing yourself/your institution to participate in the research, knowledge will be gathered in respect of population ageing and its implication for older persons and this will be used by the Department of Social Development to either inform or refine policy in the area of older persons.

Limits

Neither the researcher, nor the educational institution will provide financial compensation in completion of the questionnaire.

Costs and Compensation

No direct benefits will be offered, suffice to state that your contribution will assist the Department of Social Development in developing policies, recommendations and interventions to address the challenges that population ageing will bring in terms of required services and programmes for older persons. Therefore, participants will not be financially compensated for participation.

Confidentiality

The research material will be safely stored in a locked cabinet in a secure building and once the study is completed, it will be stored electronically in a safe and secure location. Only the researcher will have access to the research material. Information derived from the process that personally identifies you or your institution will not be released without prior consent of the participant.

Findings

Participants will be able to access the findings as soon as they are available. The results will be disseminated in a report which will be made available to all participants.

Informed Consent

I hereby confirm that I have been informed about the nature, procedures, and risks of this study. My signature below indicates that I have read and understood the details and the content of this consent form.

Signature:_____

Contact Details: _____

For more information with regard to this study and your rights, please contact the researcher, Ms A. Samaad on 0123127764/7373 or 0721914593 or anitas@dsd.gov.za

QUESTIONNAIRE

Section 1: BIOGRAPHICAL INFORMATION

Please provide the following **Biographical Information** before answering the questionnaire section. Please mark the specific box with an X.

1.	Age	20-30years	<input style="width: 50px; height: 20px;" type="text"/>		Code 1. 1
		31-40years	<input style="width: 50px; height: 20px;" type="text"/>		Code 1. 2
		41-50years	<input style="width: 50px; height: 20px;" type="text"/>		Code 1. 3
		51-60years	<input style="width: 50px; height: 20px;" type="text"/>		Code 1. 4
		60+years	<input style="width: 50px; height: 20px;" type="text"/>		Code 1. 5
2.	Sex	Male	<i>Mark with an X</i>		Code 2.1
		Female	<i>Mark with an X</i>		Code 2.2
3.	Which Institution are you employed at or represent?	State Department	DSD Code 3.1	Other Code 3.2	
		NGO/FBO/CBO	<i>Mark with an X</i>		Code 3.3
		Academia	<i>Mark with an X</i>		Code 3.4
		Other: Specify	<i>Mark with an X</i>		Code 3.5
4.	How many years have you worked/been exposed in the field of older persons?	0-5	<input style="width: 50px; height: 20px;" type="text"/>		Code 4.1
		6-10	<input style="width: 50px; height: 20px;" type="text"/>		Code 4.2
		11-15	<input style="width: 50px; height: 20px;" type="text"/>		Code 4.3
		16+	<input style="width: 50px; height: 20px;" type="text"/>		Code 4.4
5.	What is your level of employment?	Junior management	<i>Mark with an X</i>		Code 5.1

[illegible][illegible]

f

2.5 What do you consider the **five most important matters** concerning older persons?
Please allocate a rating of 1 to 5 where 1 is the first priority, 2 second priority, 3 is the third priority, 4 is the fourth priority and 5 is the fifth priority in the boxes provided.

2.5.1 Economic Security	<input type="text"/>
2.5.2 Poverty	<input type="text"/>
2.5.3 Healthy Ageing	<input type="text"/>
2.5.4 Quality of Life	<input type="text"/>
2.5.5 Care and support systems for older persons	<input type="text"/>
2.5.6 Changing family structures and functions	<input type="text"/>
2.5.7 Literacy for older persons	<input type="text"/>
2.5.8 Community/Home based Care services for older persons	<input type="text"/>

2.6 What are the critical challenges that you face in delivery of services for older persons?

2.7 What are the current gaps in the older person's legislation and programmes that inhibit service delivery?

2.8 Are older persons consulted in the development of policies and programmes. ? Mark your choice with an X.

Yes

No

If yes, how is this done and do you consider this adequate representation. If No, why not?

Section 3: POPULATION AGEING INDICATORS

3.1 Demographic Determinants

The decline in the **fertility rate** has been the main determinant of population ageing. In the more developed regions, the fertility rate has dropped from 2.8 children per woman in 1950-1955 to 1.5 children per woman in 2000-2005. In the less developed regions, the total fertility rate dropped by 60 percent from 6.2 children in 1950-1955 to 2.9 in 2000-2005. In South Africa, this is projected to drop from 6.5 children in 1950-1955 to 2.1 children in 2025-2050. While women are projected to be having fewer children, people are projected to be **living longer** as life expectancy at 60+ is increasing to an additional 15-19 years more.

3.1.1 What do you think are the possible implications of this demographic determinant for South Africa, and the Department of Social Development?

3.1.2 Do you think that South Africa is preparing and will be ready for an ageing society? Mark your choice with an X.

Yes

No

Please provide a reason for your choice:-----

3.1.3 Do you consider the issue of population ageing as a challenge or opportunity? Mark your choice with an X.

Challenge

Opportunity

Explain your answer.

3.2 Magnitude and Speed of Population Ageing

The older population is growing faster than the total population in practically all regions of the world. There are more older persons in the developing regions as opposed to the developed regions. Globally, by the year 2050, more than 1 in every 5 persons will be aged over 60 years.

3.2.1 How do you think people will age in the future and how will these changes affect the policies related to older persons?

3.2.2 What will become the most common problems late in life?

3.2.3 Which older people will encounter them the most?

3.2.4 Will age norms and roles change as demographics shift?

Yes

No

Please explain your reason-----

3.2.5 What mechanisms must the Department of Social Development as the lead Department on matters related to older persons put in place to create an enabling environment for older persons?

3.3 Changing Balance between age groups

The young old age balance is shifting throughout the world.. In the more developed regions, the proportions of older persons already exceed that of children; by 2050 it will be double. Age-distribution changes in less developed regions have been slow, but will accelerate over the next 50 years. By the year 2050, the proportion of persons aged 60 or over in the population will, for the first time in record, correspond with that of persons younger than 15 (about 21 percent each).

3.3.1 What does this mean for the programmes and policies that exist within the Department of Social Development.

The **total dependency ratio** is a generally used to determine probable social support requirements or “burden of dependency.” It is based on the straightforward concept that all persons under 15 and those 65 or older are expected to be in some form, reliant on the population in the working ages of 15-64 because they either directly or indirectly provide some kind of support to these age groups. The **potential support ratio** is the opposite of the old age dependency ratio and projects those likely to be economically active and those most likely to be dependants. Between 1950 and 2000, the PSR fell from 12 to 9 people in the working ages per each person 65 years or older. By 2050, the PSR is anticipated to decrease to 4 working-age persons for each person 65 years or older.

3.3.2 What are the social and economic implications of having fewer working age persons for each person aged 65 years and older?

The **parent support ratio** is an indicator that is generally used to determine the burden on families to provide for their oldest-old members. As life expectancy increases, older persons above 60 years are expected to have their older parents and relatives still living and possibly requiring care because the fastest growing age group in the world is the oldest-old, those aged 80 years or older. Furthermore, the impact of HIV and AIDS renders older persons also being the caregivers for young children.

3.3.3 What types of services will each of these groups require?

3.3.4 How will the services rendered by the Department of Social Development and government need to transform to address the needs of these groups.

3.4 Demographic Profile of the Older Population

Women make up a significant majority of the older population and the female share increases with age because women live longer than men. Therefore, the issue of ageing is primarily an issue about women.

3.4.1 What do you think are the relevant gender issues that affect older women?

3.4.2 Do the current policies and programmes offered by Department of Social Development adequately address these gender issues? Mark your choice with an

y
☐ Yes

☐ No

If yes, how? If No, what are the gaps?

3.5 Socio-economic Characteristics of older persons

The proportion of older persons in the labour force is projected to decrease although the participation of women is increasing.

3.5.1 What needs to be done to allow older persons to remain economically active?

3.5.2 What contribution do older persons make to their families and their communities beyond their pension?

3.5.3 What are your views on the statutory retirement age? Should this be reviewed? If so, why, if not, why not.

Poverty may be viewed as a lack of essentials, both material and non-material, required to achieve a minimum standard of well-being.

3.5.4 What do you think is poverty in old age?

In respect of **illiteracy measures**, the less developed regions are worse off than the more developed regions were almost all of the older population is literate in the more developed regions. Illiteracy has however reduced in the less developed regions from 75 percent of persons aged 60 or over in 1980 to 56 percent of persons aged 60 or over in 2000, this rate is

still concerning as it is relatively high. Women and those that are older within the above 60 years age group, have higher illiteracy rates than men in the less developed regions.

3.5.5 What are the social implications of older persons being illiterate?

3.5.6 What measures can we put in place to ensure that there all older persons are literate?

Section 4: GENERAL

4.1 Any other comment that you would like make?

I would like to sincerely thank you for your time and participation in completing this questionnaire.

Annexure B

Interview Schedule

Section 1: Agenda on Ageing

1. Do you think that the issue of ageing receives priority in the agenda of DSD and government broadly? Give me some reasons for your response.
2. How do you think the issue of ageing can be put on the agenda of the Department of Social Development and government?
3. In terms of the work of DSD, what do you think DSD is not doing that it should be doing for older persons?
4. On the other hand, what is the Department of Social Development doing well?
5. What do you consider the five most important matters concerning older persons?
6. What are some of the critical challenges that you face in delivery of services for older persons?
7. In terms of the older persons legislation and programmes, what are some of the gaps that you have identified which inhibits service delivery?
8. When DSD develops its programmes and policies, do you consult with older persons?

Section 2: Population Ageing Indicators

2.1 Demographic Determinants

- 2.1.1 What do you think are the possible implications of women having fewer children, while people are projected to be living longer.
- 2.1.2 In your view, do you think that South Africa is preparing and will be ready for an ageing society? What are the reasons for your answer.
- 2.1.3 Do you consider the issue of population ageing as a challenge or opportunity?

2.2 Magnitude and Speed of Population Ageing

2.2.1 As people grow older and live longer, what are the kinds of problems that you think will become most common?

2.2.2 What type of older persons would experience these problems the most.

2.2.3 The Act of 2006 and policy for older persons propose the creation of an enabling environment for older persons. What mechanisms must be put in place to create this environment.

2.3 Changing Balance between age groups

2.3.1 Given that the projections for 2050 suggest that there will almost be the same number of older persons to children, what does this mean for the programmes and policies that exist within the Department of Social Development.?

2.3.2 What type of services will older persons who have to care for their older parents and young children require?

2.3.3 How will the services rendered by the Department of Social Development and government need to transform to address the needs of these groups.

2.4 Demographic Profile of the Older Population

2.4.1 Due to the fact that there are more older women than men, what do you think are the relevant gender issues that affect older women?

2.4.2 Have we reached gender equity in our service provision?

2.5 Socio-economic Characteristics of older persons

The proportion of older persons in the labour force is projected to decrease although the participation of women is increasing.

2.5.1 What needs to be done to allow older persons to remain economically active?

2.5.2 What contribution do older persons make to their families and their communities beyond their pension?

2.5.3 What are your views on the statutory retirement age? Should this be reviewed? If so, why, if not, why not.

Poverty may be viewed as a lack of essentials, both material and non-material, required to achieve a minimum standard of well-being.

2.5.4 What do you think is poverty in old age?

2.5.5 What are the social implications of older persons being illiterate?

2.5.6 What measures can we put in place to ensure that there all older persons are literate?

3. Any other comment that you would like make?

Annexure C: List of Organisations		
No.	Province	Name of Organisation
NGO's		
1	NC	Resthaven Welfare Society
2	EC	Rowell Old Age Home
3	EC	Silver Crown Older Age Home
4	EC	Ethembeni Old Age Home
5	WC	Rusthof OAH
6	WC	Ikamva Labantu
7	WC	Elderly Care Fund SAPS
8	LP	Elim Hlangana Care of Aged
9	LP	Warmbad Rusoard
10	KZN	ELC Emseni Old Age Home
11	KZN	Verlam frail care Centre
12	KZN	TAFTA
13	KZN	SAVF
14	NW	Lapa la Botlhe Aged Care Centre
	GP	SAVF (already counted in no 13)
15	GP	Vaal Elderly Forum
16	GP	SAHRC
17	GP	Methodist Home for the Aged
18.		Age in Action
19.		SA Forum for older persons
Government Departments		
20		DSD
21		Office of the Premier